Anchor Trust

Eric Morecambe House

Inspection report

Harrow Grove,
Torrisholme,
Morecambe,
LA4 6ST
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 01, 04 and 09 December 2015.

The home is situated in a residential area of Torrisholme near to local shops and close to public transport links to both Lancaster and Morecambe. The building is arranged over three floors, with bedrooms and communal rooms on the first and second floors. The home is registered to accommodate 36 people. There were 33 people residing at the home on the dates of the inspection.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected 17 October 2013. We identified no concerns at this inspection and found the provider was meeting all standards that we assessed.

At this inspection in December 2015, we found processes were established and followed to ensure people who lived at the home were kept safe. People told us they felt

Summary of findings

safe and secure. Staff we spoke with had a good awareness of what constituted abuse and how to report it. Systems were in place to ensure staff employed were of good character and had suitable experience for the role.

People who lived at the home and relatives told us staffing levels were satisfactory and staff responded to need in a timely manner. The registered manager told us they used a dependency tool to assess and monitor staffing levels. We observed staff being patient with people and meeting their needs in a responsive manner.

Robust systems were in place to ensure medicines were managed and administered correctly to each person. Regular audits of medicines were carried out by staff on duty and by a designated medicines lead.

Feedback regarding the provision of meals was positive. People told us the food was good and said there was always a choice of what to eat. Regular snacks and drinks were available to people between meals. Mealtimes were seen as a social occasion for people who lived at the home. Relatives and visitors were made welcome and were encouraged to eat with people who lived at Eric Morecambe House. We saw evidence that people were encouraged to give feedback about the quality of food and contributed to meal planning. The registered provider had systems in place to monitor people's dietary needs.

People's healthcare needs were monitored and referrals were made to health professionals in a timely manner when people's health needs changed. Feedback from health professionals about the way in which health needs were met was also positive.

Risks to people who lived at the home were appropriately managed. Systems were in place to manage people at risk of falls, people at risk of pressure ulcers and other health related conditions.

The registered provider kept a detailed log of all accidents and incidents that had occurred at the home. Information and advice was sought from a specialist team employed within Anchor Trust. The team looked at factors which may have contributed to an accident or incident and ways to prevent further accidents from occurring.

There was a good array of social activities for people who lived at Eric Morecambe House. The registered provider had established links with various community groups who frequented the home and provided entertainment. Some people were also encouraged and supported to attend groups in the community. Family members and friends were invited to participate in activities. Consideration was taken to ensure people who chose not to interact within groups were supported in their rooms. Cultural needs were also recognised by the registered provider.

Detailed care plans were in place for people who lived at the home. Care plans covered their support needs and personal wishes. We saw plans had been reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required. The registered provider worked towards promoting and maintaining independence wherever possible.

The registered provider had a training and development plan in place for all staff. Staff were positive about their work and confirmed they were supported by the registered manager. Staff received regular training to make sure they had the skills and knowledge to meet people's needs.

Feedback in regards to the management of the home was positive. Staff, people who lived at the home and relatives spoke highly of the registered manager and deputy manager.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People who lived at the home told us they felt safe. Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding and reporting abuse.

The provider had robust recruitment procedures in place.

The provider had suitable arrangements in place for storing, administering, recording and monitoring of people's medicines.

Staffing levels were conducive to people's needs. People who lived at the home and relatives all spoke positively about staffing levels.

Is the service effective?

Good

The service was effective.

The registered manager had appropriate systems in place to ensure staff had access to ongoing training to meet the individual needs of people they supported.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

People's needs were monitored and advice was sought from other health professionals in a timely manner, where appropriate.

People spoke positively of the food provided at the home. Records demonstrated people's nutritional needs were met.

Is the service caring?

Good

Staff were caring.

People who lived at the home were positive about the staff who worked there. We observed people laughing and joking with staff.

Staff had a good understanding of each person who lived at the home. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good

The service was responsive.

People's care needs were kept under review and staff responded quickly when people's needs changed.

The registered provider had established positive links with the community. There was an array of social activities on offer for people who lived at the home.

Summary of findings

The management and staff team worked very closely with people and their families to act on any comments straight away before they became a concern or complaint.	
Is the service well-led? The service was well led. Staff turnover at the home was low. This contributed to effective service delivery. People who lived at the home and relatives spoke positively about the management team, the staff and the support provided. The registered manager had a range of audits in place to ensure the smooth running of the home. Any actions identified were remedied in a timely manner.	Good

Eric Morecambe House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health & Social Care Act 2008 as part of our regulatory functions and to check whether the provider is meeting the legal requirements and regulations associated with the Heath & 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 01, 04 and 09 December 2015. The first day was unannounced. On the first day of inspection the team consisted of one adult social care inspector and an expert 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. The expert who took part in this inspection had experience of adult social care services.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

Information was gathered from a variety of sources throughout the inspection process. We spoke with seven staff members at the home. This included the registered manager, the team leader, a senior manager, one cook and three staff responsible for delivering care.

We spoke with six people who lived at the home to obtain their views on what it was like to live there. We observed interactions between staff and people to try and understand the experiences of the people who lived at the home.

We also spoke with three relatives and three health care professionals to see if they were satisfied with the care provided.

To gather information, we looked at a variety of records. This included five care plan files belonging to people who lived at the home and recruitment files relating to six staff members. We also viewed other documentation which was relevant to the management of the service.

We looked around the home in both communal and private areas to assess the environment and ensure it was conducive to meeting the needs of the people who lived there.

Good

Is the service safe?

Our findings

Five of the people we spoke with told us they felt safe at the home. Comments received from people using the service included, "I feel perfectly safe, They put me to bed. They make sure I am nice and warm." And, "I feel very safe living here." Also, "I can press the buzzer if I need help."

All relatives we spoke with felt their family members were safe in the care of staff at Eric Morecambe House. One relative said, "[Relative] is safe here. Sometimes less so but because of their own actions." Another relative said, "He is safe here. The staff ratio seems ok."

We looked at how the service was being staffed. We did this to make sure there were enough staff on duty at all times, to support people who lived at the home. We were informed staffing levels consisted of four care staff during the morning and three care staff during the afternoon. Care staff were also supported by a team of housekeepers and two chefs in the kitchen."

People who lived at the home and relatives were complimentary about staffing levels. People told us they could ring their buzzers and staff would attend. People also told us they did not have to wait for staff to attend to their needs. One relative described staffing levels as good and said, "Staff always come in seconds if my [relative] needs help."

During the inspection we noted staff had time to sit with people and talk to them. Staff were not rushed and demonstrated patience when interacting with people. We observed people asking for help and staff responded in a timely manner.

We spoke with the registered manager about staffing levels. They told us staffing levels were reviewed each month. The registered manager said, should a person's needs increase and extra staffing was required, they were confident extra funds would be available within the organisation to increase staffing.

We spoke with staff members about staffing levels at the home. Care staff told us staffing levels were "ok." One staff member said they, "Could often do with an extra pair of hands," but said they managed with the staffing levels they had. We were told by two care staff members that senior managers would assist in emergencies if the needs of people who lived at the home increased. Staff were assured they could call on extra staff in this emergency. This demonstrated staffing levels were flexible and could increase if there was extra demands placed upon staff.

The registered manager had systems in place to ensure any staff absences were covered in house by the regular staff team and a bank of casual staff. This promoted consistency of care as people who lived at the home were supported by people who knew them well. The team leader said they had only used agency twice in the past year and they hoped to decrease this next year to no usage. We saw documents to demonstrate when agency staff were used they were provided with an induction from a suitably qualified member of staff and were also subjected to recruitment checks to ensure they were suitable to work within the home.

We spoke with staff and the registered manager to ascertain what systems were in place for provision of staffing in an emergency. Management support was offered at all times by an on call system. Staff praised the on call system and were confident if people's health needs deteriorated or if for any reason extra staffing was required, management would help. One staff member said, "I know without a doubt if we needed help [staff member on call] would be here in five minutes."

We looked at recruitment procedures in place at the home to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed six files relating to staff at the home. Staff records demonstrated the provider had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The provider retained comprehensive records relating to each staff member which demonstrated full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to an individual commencing work, one of which was the last employer.

The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for all people providing a regulated activity within health care. This process allows an employer to check the criminal records of employees and potential employees to assess their suitability for working with vulnerable adults. The registered manager told us people

Good

Is the service safe?

were not employed to work in any capacity without a full DBS certificate being produced and seen. Staff were required to sign a disclaimer at the beginning of the employment to confirm they must inform management of any incidents involving the police during the duration of their employment. This allowed the provider to review the suitability of people who worked for the organisation to ensure they were of good character.

People who lived at the home were safeguarded from abuse as the provider had systems in place to ensure people were kept safe. The registered manager had a detailed policy in place which identified different types of abuse and how to report it. There was also a safeguarding flow chart available for staff for quick reference. Staff had a good awareness of types of abuse that may occur and were fully conversant with procedures to follow if they suspected someone was being abused. One staff member said, "I would report any concerns straight away to [registered manager.] I wouldn't hesitate. I would just follow the policies and procedures." Training records for staff illustrated staff received training in safeguarding and this was regularly refreshed.

Staff were also aware of their rights and responsibilities should they decide to whistle blow. Whistleblowing was discussed as part of the induction. We also noted posters relating to whistleblowing were displayed upon the staff noticeboard.

We looked at how the registered manager assessed and managed the risks for people who lived at the home. Within each care plan file we looked at, the provider had a range of risk assessments to manage risk. When people were at risk of falls, we noted a falls risk assessment tool was in place to manage the risk. Other risks addressed as part of the risk assessment included risk assessments for usage of bed rails, mobility equipment and tissue viability. Risk assessments were reviewed monthly by a manager or after any significant event.

We looked at how medicines were managed within the home. The registered provider had a comprehensive system in place for ordering and managing medicines. There was a nominated medicines coordinator who was responsible for ordering medicines. Medicines were booked into the home by two staff to ensure any errors were identified prior to medicines being administered.

Medicine record sheets (MAR) were electronic and supplied by the pharmacy. Electronic MAR sheets provide staff with legible and accurate information relating to the medicines and reduce the risk of error. We noted the registered manager had some blank MAR sheets in stock for emergency use only. We were told by the team leader should these be required in an emergency all medicines entered onto the MAR sheet were checked and countersigned by two members of staff. This helped reduce any risks of medicines being incorrectly recorded and prescribed.

Medicines were stored securely within a locked trolley away from communal areas. Storing medicines safely helps prevent mishandling and misuse. Tablets were blister packed by the pharmacy ready for administration. Creams and liquids were in original bottles. Each bottle and cream opened were labelled with an "opened date" so staff could ensure medicines were not out of date. PRN medicines were kept in original boxes and were measured out by staff prior to administration. PRN medicines are prescribed to be used on an "as and when basis."

Controlled drugs were kept in a separate controlled drug cabinet to meet legislative requirements. Controlled drugs audits took place at each handover. We checked the systems in place for administering and storing controlled drugs to ensure they met the requirements of the law. We also spot checked one controlled drug to ensure the stock numbers matched the numbers recorded in the controlled drug record. The team leader said they carried out weekly audits of all controlled drugs and carried out a stock check weekly.

We noted some medicines were to be stored in the fridge. The registered provider had a secure tin within a fridge in the kitchen. We noted regular fridge temperature checks were taken to ensure the optimal temperature was maintained to keep the medicines safe.

We noted upon each shift there was one nominated staff member responsible for administering medicines. This person was also the nominated key holder for the medicines storage room. Should any member of staff require access to this room during the course of the shift the name of the person and the time the person entered the room was recorded. This enabled the registered provider to have a full audit trail as to who has had access to medicines.

Good

Is the service safe?

We observed medicines being administered to two people. Medicines were administered using good practice guidelines and staff were respectful of people's needs when administering them.

During the course of the inspection we undertook a visual inspection of the home. We did this to ensure it was adequately cleaned and appropriately maintained. We noted the home was free from odours and was clean and tidy. Equipment was appropriately stored away from communal areas to prevent any risk of slips trips and falls.

We noted all sinks in communal areas and bathrooms had thermostatic valves on them to prevent people from scalding. We checked the water temperature in several bedrooms and one bathroom and noted the water temperature was comfortable to touch. Staff took the temperature of bath water and recorded it in the persons care records prior to a person having a bath. This ensured water was of an optimal temperature to prevent scalding. We looked at windows and noted restrictors were fitted. Window restrictors prevent the risk of harm occurring from falls from windows.

Regular risk assessments of the environment were carried out annually by the organisations health and safety team. Although risk assessments were carried out, the registered provider did not always keep details of all completed actions to demonstrate improvements had been made. We discussed this with the registered manager and they agreed systems would be improved to ensure there was a full audit trail of all works carried out following a health and safety audit taking place.

Accidents and incidents were appropriately managed by the registered provider. The registered provider had recently changed systems and records for accidents and incidents were now stored electronically. We therefore looked at hard copies of entries made into accident books and electronically stored documentation. We noted accidents and incidents were recorded in a timely manner and were comprehensive in nature.

The registered manager told us all accidents and incidents were now automatically sent to the health and safety team for their review. Any serious incidents or accidents would be audited and investigated by Anchor Trust's own health and safety team. We noted from accident records maintained, one person who lived at the home had experienced a number of falls. A referral was therefore made to the health and safety team for the person so falls assessments could be completed and additional support put in place to manage the risk.

All accidents and incidents were reviewed monthly and service information was broken down and analysed to look for any themes. This enabled the registered provider to carry out "lessons learned" reviews which in turn contributed to promoting more efficient and safe care.

Good

Is the service effective?

Our findings

One person who lived at the home said, "I regard the staff here as being extremely well trained, coordinated and helpful."

Two relatives we spoke with said they felt the home met people's health needs in a timely manner.

Three health professionals we spoke with during the course of the inspection also spoke highly about the quality of the service provided and the knowledge of the staff. Health professionals were confident health needs were identified and addressed by staff and when extra support was required appropriate referrals were made. Health professionals were also confident any instructions left with the home were also carried out competently.

We looked at care plans relating to five people who lived at the home. Individual care files showed health care needs were monitored and action taken to ensure optimal health was maintained. One person who lived at the home told us they were involved in discussions surrounding their care and care plan. Two relatives also stated they were involved in care planning for their family member. Care records we viewed demonstrated a variety of assessments were in place to assess people's nutritional needs, fluid needs, tissue viability and mobility needs. Assessments were reviewed monthly and outcomes were recorded after each reassessment.

People who lived at the home had regular appointments with general practitioners, dentists, chiropody and opticians. We observed a doctor, an optician and chiropodist visiting during the inspection. Health professional input was recorded in people's care notes.

As part of the inspection process we looked at how people's nutritional needs were met at the home. Peoples dietary needs were addressed within peoples care plans. The team leader of the home had introduced location dietary summary (LDS) sheets at the home. The sheets served as quick access information to each person's dietary needs and preferences. The LDS sheets included details of any assessed risks of malnutrition, information received from health professionals and the person's likes and preferences. The team leader said LDS sheets were reviewed and updated weekly. A copy of these were kept on the drinks trolley for staff to refer to. The chef told us they were provided with up to date LDS sheets and referred to these sheets when meal planning for people. This enabled people's dietary needs to be reviewed and addressed on a daily basis.

We asked people who lived at the home about the foods on offer. All the people we spoke with were happy about the quality and choice of foods available. One person said, "The food is very good – excellent. They ask what I like." Another person said, "The food is good there is an adequate choice." A relative also gave positive feedback about the foods on offer and said, "My [relative] is happy with the food."

A staff member told us people had the options of eating meals in their bedrooms or in the dining rooms. Each bedroom had its own kitchenette with cooking facilities whereby people could prepare their own snacks and foods if they chose to. We spoke to one person who liked to make their own breakfast in their room in the morning.

We observed lunch being served in the dining room. People had the option of coming to lunch over a two hour period. The dining room was aesthetically pleasing to enhance the experience of eating. Tables were decorated with linen tablecloths and napkins. There were flowers in vases on the table alongside menus. Lunch was not rushed and people were offered a variety of choices. We noted one person expressed a comment about the food and the staff agreed to pass the information onto the chef accordingly. People who required specialist equipment to assist them with eating were supplied with the equipment as required. This promoted peoples independence and dignity.

We noted a selection of drinks and snacks were offered throughout the day in between mealtimes. We noted fresh fruit being served during the morning and freshly made biscuits in the afternoon. Watercoolers were also placed in the lounge area of the home so people had easy access to fresh drinking water if they required it.

We noted the registered provider kept a record of people's weights and people were weighed either weekly or monthly depending on people's assessed needs. The registered provider had one nominated member of staff responsible for ensuring weights were recorded as stated within the care plan. When people had experienced sudden weight loss we noted they were referred to the dietician

and their weights were taken weekly. This ensured peoples weights were monitored and actions taken when appropriate. One relative told us their family member had gained weight on since moving into the home.

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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The MCA provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. In situations where the act should be, and is not, implemented then people are denied rights to which they are legally entitled.

We spoke with the registered manager to assess their knowledge of DoLS. The registered manager told us all staff including themselves, had completed DoLS training. The registered manager told us they had made five applications to lawfully deprive people of their liberty. These had not yet been approved but the registered manager was keeping an audit trail of all communications made to chase up the applications.

During the course of the inspection we noted no restrictions on people's freedoms. People were offered everyday choices and were free to walk around the building.

Care files we viewed demonstrated capacity assessments were carried out for each individual. When people lacked capacity there was evidence of best interests meetings being held in regards to decision making for the person. The registered manager and team leader said families and health professionals would be involved in making decisions for people should a person lack capacity. We noted however one best interest's decision had been recorded as being undertaken by just one member of staff at the home. We discussed this with the team leader and registered manager and they said this was an error in recording. They said a best interests meeting had taken place with the family and this would have now been archived. The registered manager said a best interest's decision would not just have been made by one member of staff. The registered manager agreed to look into this immediately.

All the staff we spoke with confirmed they had received MCA training and had an understanding of it. One staff member said, "Some people don't have the capacity to deal with everyday decisions in their lives. In these cases I read the care plans for the person and speak to people who know them like their families, other staff and doctors."

We looked at staff training to ensure staff were given the opportunity to develop skills to enable them to give effective care. The registered manager told us the registered provider supported staff development through the provision of training. Training records were stored electronically and each month the registered manager received feedback from the training department about the numbers of staff trained in each area of training. Records on the second day of inspection showed 95% of staff at Eric Morecambe house had completed the required mandatory training and 82% of staff had completed statutory training.

All the staff we spoke with were happy about the training delivered by the registered provider. Staff told us training on offer was good and they felt supported within their role. Staff said training was provided by a mixture of e-learning and in house training. A manager told us if people struggled with e-learning they could access training by DVD's instead. We were told new staff had begun completing the new care certificate and managers at the home were due to undertake some training to enable them to assess new staff at induction.

We spoke with a member of staff who was recently employed to work at the home. They told us all new starters worked supernumerary alongside other members of staff on the commencement of their employment until they felt comfortable in the role. They said management were very supportive of them during the induction period. The induction also included e-learning training to equip them with the skills required. Another staff member confirmed staff were given time to settle into their role before working unsupervised.

We spoke to staff about supervision. Staff confirmed they received regular supervision. Staff said the managers had an open door policy and they were not afraid to discuss

Good

Is the service effective?

any concerns they may have in between supervisions. We looked at supervision records and noted any concerns about staff performance was openly discussed and addressed within supervisions.

Good

Is the service caring?

Our findings

People who lived at the home described staff as friendly and caring. One person said, "It's very nice here. Everyone is very friendly." Another person said, "I came here. I liked the atmosphere. Everyone is very friendly." One relative said, "Staff are kind and caring. They always have time to talk to you."

We observed many positive interactions throughout the inspection between staff and people who lived at the home. There was a light hearted and warm feeling throughout the home. People who lived at the home looked happy and contented. One person who lived at the home said they often had a joke with staff. We observed staff and people who lived at the home laughing with each other during the course of the inspection.

We observed one person snuggled up on a settee with a blanket. A member of staff came over and asked the person if they were comfortable and if they wanted the blanket adjusting to cover their legs. This protected the person's modesty. The person thanked the member of staff and snuggled further down onto the settee.

We also observed one person walking slowly along a corridor using a walking frame. A staff member was following them and was offering verbal reassurance letting the person know they were there if they needed help. The person apologised it was taking so long. The staff member reassured the person it was okay and told them there was no need to apologise. The person was treated with patience, dignity and respect during the whole process.

Staff took time away from direct care to spend time with people who lived at the home. We observed one staff member on a break coming and sitting in the lounge with one person whilst they ate their breakfast. We overheard the two people chatting and making small talk. The person who lived at the home enjoyed the company from the member of staff.

People were asked about their preferences for privacy and staff were aware of people's preferences. Staff were aware of which people liked their own space and privacy and respected this. People were provided with the choice of spending time on their own or in the lounge area. The home had a relaxed atmosphere where people could come and go as they wished. One person told us, "I can choose where I go. I like my own space."

We also observed staff knocking on doors before entering rooms. Bedroom doors had locks upon them. The registered manager told us people had the option to have their own keys and locks if they wanted.

During the course of the inspection we noted visitors arriving to see people who lived at the home. Relatives we spoke with said they were welcomed into the home and were free to visit whenever they so wished. Staff supported people to have privacy when visitors attended. People were offered the opportunity to spend time with visitors in the lounge or within their bedrooms. Visitors were also made welcome to join people for meals. Friends and relatives were also invited to participate in any activities which were taking place.

We noted people who required support with their personal care were well kempt and were clean and tidy. We noted one person being taken to their room following their lunch to change their stained clothing. This was done in a discreet manner. A relative told us the home provided a weekly "nails and facial" afternoon where people could have their nails trimmed and be treated to a facial.

Choice was promoted throughout the home. On the first day of the inspection we noted the hairdresser was visiting the home. We were told by the registered manager a different hairdresser visited the home later in the week. This occurred to enable people to have a choice of hairdressers as it was recognised some people had particular preferences when having their hair styled. A member of staff also spoke about the importance of involving people in the way the home was managed. The staff member said, "This is the people's home. They should be able to have a say in the way the home is organised."

The registered manager said people who lived at the home had access to advocacy services if they so wished. We noted an advocacy poster on display at the home for reference. There was also support available for relatives of people who lived at Eric Morecambe House.

Good

Is the service responsive?

Our findings

People who lived at Eric Morecambe House spoke positively about the way in which they were encouraged to speak up when they were unhappy with the service. One person said, "Something I am not happy about? It hasn't occurred but I would tell someone [staff name] she is the manager." And, "I wouldn't suffer in silence-if you don't mention it they can't put it right." This showed us people were not afraid to complain and were confident to speak with management about any concerns.

Relatives we spoke with also confirmed they had no complaints about the home. One relative said, said, "Only once in four years have I had any reason to ask why something has happened. When it was explained it seemed very reasonable but I was told I could take it further. I didn't feel the need. I got an appropriate explanation promptly."

We spoke to staff and asked them what happened when people complained. Staff were aware of the organisations policy and procedure and the need to act upon them as a priority. Staff said minor complaints would be dealt with in-house but more serious comments were referred to the district manager. One staff member said, "If someone complained I would follow the procedure. I would document it and follow it through."

The registered manager kept a detailed log of all complaints. When a complaint had been raised an investigation was undertaken and any improvements made following the complaint were documented. The registered manager told us they did not have a lot of complaints as they routinely spoke with people on a daily basis to ensure they are happy with the service provided. Complaints were also discussed routinely as part of the residents meetings. We looked at minutes from a residents meeting and noted a complaint had been raised by the group and actions were taken following the concern being raised.

We noted a copy of the complaints procedure was displayed in the corridors of the home. This was a main thoroughfare of the home so was readily accessible to people who lived at the home and visitors.

People's views in regards to the environment were also taken into consideration. We were shown a bedroom belonging to a person who lived at the home. The team leader explained when the person moved into the home the person had asked for a "feature wall" in their room.

Staff responded to this request and worked with the person to develop a feature wall to make the room more homely. The team leader said people were also encouraged to bring in their own furniture from home to help them feel more settled. We noted one person's room was decorated with religious artefacts. We were told this person's religion was very important to them.

People who lived at the home told us they were routinely involved in developing their care plans. One person said, "The care plan is discussed with me." Two relatives confirmed they were involved in care planning

We looked at care records belonging to six people who lived at the home. Care records showed detailed information surrounding people's likes and preferences. Care plans were detailed, up to date and reviewed monthly. Care plans had mandatory topics to be addressed and supplementary topics which were tailored to each individual needs. For instance if a person was assessed at risk of pressure sores there would be a section in the care plan for tissue viability. They also detailed people's own abilities as a means to promote independence, wherever possible. Care plan records were evaluated monthly by a keyworker which were overseen by the team leader. People who were deemed as having capacity had signed care plans to state they were happy with them.

Pre-assessment information was collated by the registered manager and the team leader prior to a person moving into the home. At the pre-admission stage people were asked about their health, medicines, and religion and personal preferences.

Observations made on the day of inspection demonstrated that staff had a good knowledge of the people they were supporting. We observed one person asking for help. The person was confused. A staff member spoke with the person to orientate them. She told them in a gentle manner where they were and reassured her by reminding the person information about their family and life history. This demonstrated staff were aware of the person's history and aware of what information was required to sooth the person.

We were told by people who lived at the home were routinely involved in making everyday choices. We saw people had been involved in developing the new food

Good

Is the service responsive?

menu and had worked with the cook to design the menu. People had also had a say in which lounge had recently been decorated. This showed us people were encouraged to voice opinion and have a say in their own lives.

Two relatives we spoke with praised the way in which staff at the home promoted people's independence. We were told by one relative their family member had been supported to develop new skills since moving into the home and could now carry out tasks they were unable to do at home. Another person who lived at the home told us they had been supported to build up their mobility skills and now used a walking frame rather than a wheelchair to mobilise. This gave the person freedom and independence. We observed the person walking with their frame. Whilst they were slow, staff demonstrated patience and understanding. A staff member showed us a yellow strip of tape across one door frame. We were told one person who lived at the home mobilised whilst looking downwards to the floor. The yellow strip was put in place as a visual cue to show the person where the dining room was.

The registered provider employed a full time activities co-ordinator. The activities coordinator worked five days a week and provided a variety of group activities as well as one to one activities for people who did not always want to socialise in groups. We were told activities such as bingo reminiscence and quizzes took place. External groups also visited to provide drama and music to the home. We also observed people being supported to access their local community. As well as providing activities the activities coordinator encouraged and developed links with other community groups. On the first day of inspection a visiting children's nursery visited to sing Christmas carols to people who lived at the home. People responded by smiling, singing and clapping along.

We noted the activities coordinator was also creative with some of the social activities planned. We saw a scrap book where the home had kept a record of a "Virtual Cruise." People took part in activities which would be associated with the cruise such as the leaving port party. They also had buffets from all the places "the cruise" stopped in. On one occasion the chefs had made ice sculptures to go alongside the buffet. Photographs taken by the registered provider showed people thoroughly enjoying the activity.

The registered provider also encouraged day trips out for people. We noted a trip to a local garden centre was planned for the week ahead. One person told us they were looking forward to this.

We noted one person was supported to carry out an activity they had partaken in when they lived in their own home. Staff supported this person to maintain their hobby and interest. Another person who lived at the home was visually impaired. We noted this person was supported to access services from a local charity which works specifically with people with visual impairment. This enabled the person to remain independent and pursue their hobby regardless of their disability.

We noted a poster on the wall at the home. It had been designed by staff and we were informed by staff this was the staff team's mission statement. The mission statement said, "Be somebody who makes everybody feel like a somebody." This showed us staff were committed to promoting well-being and individuality of people who lived at the home.

During the course of the inspection we observed the postman visiting the home. A staff member told us the postman delivered post individually to each room. This allowed people to speak to someone who was not a staff member on a daily basis. This demonstrated that people's individuality was promoted at all times.

People were also encouraged to take part in everyday activities. On the second day of inspection the home was preparing for their annual Christmas Fayre. People were encouraged to sort through items donated and prepare them for sale. People sat around a table making small talk about the items whilst cleaning and organising them. We were also informed of another person who demonstrated some behaviours which challenged the service at a particular time of day. We were told this person liked carrying out a specific task. Staff said they would engage this person in the task when they knew the person was likely to become anxious and display such behaviours. This prevented any challenging behaviours from being displayed and promoted the person's dignity.

Feedback in regards to activities at the home was positive. One resident said, "There's always plenty to do." Relatives told us they were also invited to attend social events at the home. One relative told us they often provided activities on the days when the activities coordinator was not present.

Good

Is the service well-led?

Our findings

People who lived at the home were aware of who was in charge as manager. Relatives also were aware of who was in charge and praised the effectiveness and responsiveness of the management of the home.

The home had undertaken significant changes since the last inspection with the introduction of a new registered manager and deputy manager. Despite the changes, people who lived at the home, relatives and staff were happy in the way in which the change had been managed. We were informed by the registered manager retention of staff was good. Staff also confirmed that staff turnover was low.

Staff were positive about the way in which the new registered manager organised the home and described the registered manager as "supportive" and "approachable." Staff said the registered manager was not afraid to help out and would carry out direct care if help was needed. One staff member praised the way in which the registered manager took time out to sit with people who lived at the home to ensure they were okay.

One staff member said they would not be afraid to make suggestions to the registered manager and was confident any suggestions made by staff would be considered and implemented if it was in the best interests of the people who lived at the home. They said this contributed to good morale and overall effectiveness of the home.

All staff described the teamwork as good and commended the performance of their fellow colleagues. One staff member said, "We are the best. I am proud of the home and its achievements." Another staff member said, "We have good values. We work hard."

We spoke with staff at Eric Morecambe House about a recent initiative they had undertaken called "Dementia Inspires." This initiative is an internal accreditation process facilitated by Anchor Trust. Staff who took part in the project spoke positively about the experience and how it had enabled staff to reflect on their performance and look at ways of improving the service for people who lived at the home. Staff told us as a result of the project they had improved the living environment for people who lived at the home and other changes were due to take place. Another staff member said, "We are always changing and evolving. That is how it should be."

Staff described communication between management and employees as good and said team meetings took place regularly. One staff member said they thought the home would benefit from more frequent team meetings but was confident if they needed any help in between time they could always approach a manager to discuss any concerns. The registered manager met once monthly with night time staff. Team meetings also took place separately for care managers and home managers who worked within other Anchor Trust homes. This allowed staff to share experiences and ideas.

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who lived at the home. Records maintained by the registered manager demonstrated equipment was appropriately maintained and serviced in a timely manner.

The registered manager also had a range of quality assurance systems in place. These included health and safety audits, medication, staff training and as well as checks on infection control and legionella.

We noted the home was in good order. The registered manager told us they had an ongoing schedule of works to ensure the home was appropriately maintained. Plans were in place to develop a sensory garden at the home and to replace kitchens within bedrooms. The registered manager told us they had a dedicated maintenance team to deal with maintenance of profile beds, slings, hoists and other equipment. Records demonstrated equipment used was appropriately serviced and in order. We noted patient hoists and fire alarms had been serviced within the past twelve months.

Maintenance records also demonstrated gas safety and electrical compliance tests had been carried out and certification was up to date. We were advised in between the annual electrical testing taking place the handyman employed at the home was responsible for carrying out visual checks of all appliances. Any identified concerns would then be forwarded to the health and safety team.

We noted the registered provider carried out regular residents meetings. These meetings were documented and recorded. People spoke highly of the residents meetings and the effectiveness of the group. One person said, "I always attend relatives and residents meetings. It's a huge effort for the staff but they are very useful."

Good

Is the service well-led?

People who lived at the home and relatives were also encouraged to contribute to the effectiveness of the service by providing annual feedback in regards to service quality. We noted the registered provider annually commissioned an independent company to carry out an annual survey. The results for this years' service had not been produced at the time of the inspection.

We looked at staff records to see how difficult or poor behaviours were managed. We noted when behaviours slipped below an appropriate expected level the registered manager took action. The registered manager addressed behaviours as a means to improve professional standards within the home. Staff told us management were responsive and were not afraid to tackle difficult behaviours of staff.