

Ferrol Lodge Care Home Limited

Ferrol Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 6 and 7 November 2017 and was unannounced. This was the first inspection of Ferrol Lodge since the home had been re-registered with the Care Quality Commission (CQC) in October 2016. The re-registration had taken place as the home was purchased by the then registered manager of the home. The general manager became the current registered manager with the Care Quality Commission. The service, under its previous registration, Ferrol Lodge Care Home, was inspected in August 2016 and was rated good overall.

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

Ferrol Lodge provides care and accommodation for up to 23 older people in 19 single and two double bedrooms. Bedrooms are arranged over two floors and these can be accessed by stairways or a passenger lift. Communal space is provided in the form of a lounge, dining room and a spacious conservatory. At the time of our inspection there were 22 people living at the home. One double room was used by a married couple and the other double room was currently used by only one person.

The service had a registered manager in post. A registered manager is a person who has registered with the 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.

All the people we spoke with were very complimentary about the care staff at Ferrol Lodge. They were described in glowing terms as being extremely kind and helpful. Relatives we spoke with were also very positive of the staff team supporting their loved ones, commenting how friendly and caring the staff were. Staff had gone above and beyond their role when they supported one person to attend a staff member's wedding.

Feedback we received from the local authority social services and visiting health professionals was also very positive. We were told how the staff were knowledgeable about people's support needs and made the home welcoming to visitors. A report by Trafford Healthwatch commented "The staff members have great working relations with each other and maintain excellent relations with residents and their relatives. They have great communication schemes that help to maintain these links."

People's life history, likes and dislikes were identified so staff were able to form meaningful relationships with people. A comprehensive one page profile was available in each person's bedroom, detailing people's preferences and things that were important to them. People were supported to maintain their faith, with three different priests or vicars visiting the home.

We saw very positive interactions between staff and people throughout our inspection. Staff took time to listen to people and encouraged them to maintain their independence by supporting and praising them to do tasks for themselves. Throughout the inspection the staff showed how they respected people's privacy and dignity.

People said that they felt safe living at Ferrol Lodge. Care plans identified people's health and support needs. Potential risks were identified and risk assessments provided guidance for staff in order to mitigate these risks. People and their relatives, where appropriate, were involved in agreeing their care plans.

People were encouraged to express their views and make choices about their care and support. Regular residents meetings were held to enable people to comment on their care and support. Ideas from the meetings had been acted upon by the home, for example a clock displaying the day, date and time had been bought for the lounge.

People, relatives and visiting professionals were asked for their feedback on the service through an annual survey. We saw the surveys returned were overwhelmingly positive about Ferrol Lodge and the staff team.

People received their medicines as prescribed. The temperature of the medicines room was recorded as consistently being 24 or 25 degrees centigrade. Medicines should be stored at below 25 degrees. The registered manager said they would look at installing an extractor unit to reduce the temperature in the medicines room.

People were supported to maintain their health and nutritional intake. Records were kept where appropriate of what people had consumed. We saw referrals to relevant health professionals were made, for example to the Speech and Language Team (SALT), district nurses and GP's.

We saw that sufficient staff were on duty; however at times they were busy and were not able to pop into the lounge to check everyone was okay. There was a stable staff team and the service did not use agency staff. The staff team covered any shifts that were required. This meant people were supported by regular staff who knew them well.

A robust system for safely recruiting suitable staff was in place. Staff completed a thorough induction workbook when they started working at the service. Training was provided that was appropriate to the staff roles.

Staff said they enjoyed working at the service and felt well supported by the deputy and registered managers. Staff had regular supervisions and six monthly team meetings were held. All staff said that the registered manager was approachable.

We found the service was working within the principles of the Mental Capacity Act (2005). An assessment of people's capacity was completed as part of the pre-admission assessment. This was reviewed each month. Where people did not have capacity to consent to their care and support applications had been made for a Deprivation of Liberty Safeguards to the local authority.

People's wishes for their care at the end of their lives and after their death were recorded. Wherever possible people were supported at the home, with assistance from district nurses and other medical professionals at the end of their lives.

The staff on duty organised different activities for people to participate in. External entertainers were also

booked and an exercise to music session was held each week. We observed the weekly visit by a mother and toddler group to the home. These visits were very well received by the people living at Ferrol Lodge. The registered manager had also arranged for two local nurseries to visit Ferrol Lodge within the month after our inspection.

A range of quality audit tools were in place, including health and safety, medicines and a monthly audit by the registered provider. Incidents and accidents were reviewed and actions taken to minimise the risk of a re-occurrence.

The home was warm, clean throughout and free from any malodours. All equipment, for example fire alarms and the lift, had been serviced in line with the manufacturer's guidelines. We noted that some of the commodes had rips on the arms which made them difficult to fully clean. A programme to replace these and refurbish people's bedroom furniture was in place but would take many months to complete.

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.

Risks were identified and guidance for staff to follow was recorded to mitigate and manage the risks.

People received their medicines as prescribed.

A robust staff recruitment procedure was in place to ensure suitable staff were recruited.

Is the service effective?

Good ●

The service was effective.

The service was working within the principles of the Mental Capacity Act (2005). People's capacity was assessed when they moved to the home and was reviewed each month.

Staff received the training and support through supervisions and team meetings to effectively undertake their role.

People were supported to meet their nutritional needs and maintain their health.

Is the service caring?

Outstanding ☆

The service was very caring.

We observed positive interactions throughout our inspection. People and their relatives were extremely complimentary about the staff team.

Residents meetings and questionnaires were used to obtain people's, relatives and visiting professionals views of the service. The feedback was overwhelmingly positive. Any suggestions made were acted upon.

Staff knew how to maintain people's dignity and privacy when providing personal care. Staff patiently prompted and encouraged people to complete tasks independently.

Is the service responsive?

Good 

The service was responsive.

Person centred care plans were in place that provided guidance for staff in how to meet people's needs.

Staff arranged activities for people to participate in. External entertainers and a mother and toddler group also visited the home each week.

People's wishes at the end of their lives were recorded.

Is the service well-led?

Good 

The service was well led.

A robust quality assurance system was in place to monitor the service.

Staff said they enjoyed working at the service and felt the management team were very supportive and approachable.

The service had a registered manager in place as required by their registration with the Care Quality Commission.

Ferrol 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 checked 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 6 and 7 November 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience on the first day of the inspection. 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 had experience of services for older people and people living with dementia. One inspector returned for the second day of the inspection.

The provider completed a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information that we held about the service including notifications made to the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We contacted the local authority commissioning and safeguarding teams. They did not raise any concerns about Ferrol Lodge. We also contacted the local Healthwatch board. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The Healthwatch report completed in December 2016 was very complimentary about Ferrol Lodge. Further details can be found within this report.

During the inspection we observed interactions between staff and people who used the service. As some people were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI) in one of the lounge areas of the home. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine people who used the service, four relatives, the registered manager, the deputy manager, five care staff and one visiting health professional. We observed the way people were supported in communal areas and looked at records relating to the service. This included three care records, three staff recruitment files, daily record notes, medication administration records (MAR), maintenance records,

accidents and incidents and other quality assurance records.

Following the inspection we also contacted the local authority social services team. Their feedback can be seen within this report.

Is the service safe?

Our findings

All the people we spoke with said that they felt safe living at Ferrol Lodge. All the relatives we spoke with were also positive about the support provided at Ferrol Lodge. One said, "Safe – oh yeah. They are very attentive and caring" and another told us, "Yes [person's name] is well looked after and safe."

We saw that suitable arrangements were in place to help safeguard people who used the service from abuse. The training records we saw showed that staff had undertaken training in safeguarding vulnerable adults. The staff members we spoke with confirmed this and were able to explain the correct action they would take if they witnessed or suspected any abuse taking place. All the staff we spoke with were confident that the registered manager would respond to any concerns that they raised. This should help ensure people were protected from abuse.

We looked at the way the service identified and managed any risks for the people living at the home. We saw risk assessments were in place for each person, for example for falls, nutrition using the Malnutrition Universal Screening Tool (MUST) and pressure area care. Where appropriate there was a moving and handling risk assessment. The risk assessments gave staff guidance to manage potential risks, including any equipment such as stand aids or shower chairs that were to be used. The risk assessments were reviewed each month. The staff we spoke with were able to describe the risks people may have and how they supported them to reduce these risks.

We saw risk assessments were in place for the environment and staff, for example moving and handling, window openings, the kitchen area and slips, trips and falls. This meant the service had identified potential risks for people living at the home and the staff and had guidelines in place to mitigate the identified risks.

We saw detailed incident and accident forms which provided a summary of what had happened and the action taken by the staff. These had been reviewed by the registered manager and any steps to reduce the risk of a re-occurrence of the incident were noted. This meant the service looked at what had happened and endeavoured to learn from the incident to prevent it happening again.

We saw that there were three staff on duty between 8am and 10pm, with two waking night staff being on duty from 10pm to 8am. All the staff and people we spoke with thought this was sufficient to meet people's needs; although some people said that the staff were busy at times. We saw that the people living at the home were ambulant and required the support of one member of staff when mobilising. The registered manager said, confirmed by the staff we spoke with, that additional staff would be rota'd to work if people's needs changed, for example if people were unwell or required extra support at the end of their life. One person said, "I have a bell in my room; it's wonderful, the staff always come." The home did not use agency staff. We were told that cover for annual leave or sickness was always found from within the staff team.

One staff member said, "We have a good team who will fill in for each other. It's never an issue to cover a shift." This meant that people benefited from being supported by regular staff who knew their needs.

On the second day of our inspection we noted that there was less of a staff presence in the morning in the lounge than on the first day. On the first day a member of staff co-ordinated a short chair exercise session and staff popped in and out of the lounge to check people were okay. On the second day staff provided everyone with drinks at 10.40am, but they did not pop in at other times to ensure people were all okay. At 11.35am a staff member sat with people to gain their views about the home. There was more staff presence in the lounge in the afternoon. We discussed this with the registered and deputy managers who said that staff should go into the lounge at regular intervals throughout the day and that one staff member had been discussing people's views about the service in the dining area, conservatory and with those people who chose to stay in their own rooms. We noted that the service did not have a history of unwitnessed falls or incidents in the lounge areas. This meant that there were sufficient staff on duty to meet people's assessed needs but at some busy times staff were may not be able to regularly pop into the main lounge to check people were alright.

We saw that there was a low turnover of staff. We looked at the recruitment files for three members of staff. We found they all contained fully completed application forms detailing previous employment histories and an explanation of any gaps in employment history. Also included were notes from the interview, two references from previous employers and evidence that appropriate checks had been made with the disclosure and barring service (DBS). The DBS checks to ensure that the person is suitable to work with vulnerable people. This meant the people who used the service were protected from the risks of unsuitable staff being recruited.

We looked at how medicines were managed at the service. Medicines were administered by the senior care staff and the deputy manager. We saw that the senior carer workers and the deputy manager had completed medicines training and were observed to check their understanding and competence of medicines administration.

The medicines were stored in a medicines room on the first floor. We saw from the daily temperature record that the temperature of the room was regularly between 24 or 25 degrees centigrade. Manufacturers advise that medicines are stored at a temperature below 25 degrees centigrade. If the temperature is above this medicines can lose their efficacy. We discussed this with the registered manager who was aware of the high temperatures in the medicines room. They told us they were considering installing an extractor fan to circulate the air more and reduce the temperature in the room. This had also been noted at our last inspection at Ferrol Lodge in August 2016. We will check this at our next inspection.

We looked at six people's medicine administration records (MARs) and found that they had been fully completed. A stock count of each medicine was made daily on the MARs. We checked the quantity of three people's medicines and these corresponded with the quantity noted on the MARs. All the people we spoke with said that they received their medicines as prescribed.

We saw that a record of medicines prescribed as 'as required' (PRN) was in place. This detailed what the medicines were, the prescribing instructions and what the desired outcome of taking the tablet was. However they did not record how staff would know when the person needed the PRN medicine to be administered. We saw in people's care files it was noted whether people were able to tell staff if they were in pain or how staff would know through non-verbal communication, for example through facial expressions. A detailed profile in each person's room also stated if the person was able to inform staff if they were in pain. The staff we spoke with were able to describe how the people who were not able to verbally inform them they were in pain would communicate this non-verbally. We noted that most people living at the home were able to verbally inform staff if they required a PRN medicine to be administered. We discussed this with the registered manager who told us they would add this detail to the PRN records.

Medicines classed as controlled drugs were appropriately stored and recorded. Tablets were counted to ensure the correct number were in stock when they were administered. This minimised the risk of errors or misuse.

We were told that care staff applied topical creams as part of their role. The care staff then signed the MAR to confirm that this had been done. Body maps were used to indicate where the creams were to be applied. At the time of our inspection no one living at the service required thickeners adding to their drinks to reduce the risk of dysphagia (choking).

This meant people received their medicines as prescribed.

We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. We saw the home was clean throughout our inspection and was free from malodours. One person told us, "They are very keen on cleanliness." A local authority infection control audit had been completed in June 2017 and the home had been rated as 'medium compliance' (further consideration and actions needed). Ferrol lodge is an older building and therefore had some limitations on adaptations that could be made. This meant that some areas, for example having a dedicated sluice room, were not possible to achieve. We saw that a company had been approached with regard to installing a sluice, but they had advised that this was not possible. Other actions identified in the infection control audit had been completed.

We noted that the domestic staff recorded that they had cleaned the commodes each day, with a deep clean completed each week. However we saw that some of the commodes in people's bedrooms had torn covers on the arms. This meant that they were difficult to ensure they were completely cleaned. Four new commodes had been purchased with a planned programme in place to replace all the commodes at the rate of two per month.

Our observations during the inspection showed that staff used personal protective equipment (PPE) such as vinyl gloves and aprons appropriately when carrying out tasks.

Each person had a Personal emergency Evacuation Plan (PEEP) in place. These detailed the support people would need if the building needed to be evacuated in an emergency. It included information about whether the person was able to follow instructions or not. It also gave instructions for if the person was on the ground floor or on the first floor at the time of the emergency.

Records showed the equipment within the home had been serviced and maintained in accordance with the manufacturer's instructions. The service held records of weekly and monthly tests completed for the fire alarm, fire extinguishers and the water systems. Monthly fire drills were held. Checks of water temperatures, water mixer valve servicing and tests for legionella were completed. This should help to ensure that people were kept safe.

We saw that Ferrol Lodge was warm, welcoming and well maintained. People had personal items, for example photographs and pictures in their bedrooms. Some of the wardrobes and sink units in people's rooms were tired looking. The registered manager and told us they were researching suppliers to replace the wardrobe doors and sink units.

We saw that a new health and safety lead had recently been appointed. They completed a monthly health and safety audit which included monitoring the cleanliness and maintenance of the home. We noted that any issues noted in the audit had been actioned

We were shown a fire risk assessment that had been completed by an external contractor in February 2016. The actions noted in this report had been completed.

The service had a robust business continuity plan which contained contact information and guidance for staff to deal with any emergency situations such as a gas or water leak, lift or power failure.

Is the service effective?

Our findings

The care plans we looked at included a pre-admission assessment of people's needs completed by the registered or deputy managers. This included details of people's health and social care needs, for example personal care, communication, social interests and medical needs. Initial care plans and risk assessments were written based on the assessment. Staff we spoke with told us they were provided with verbal information about new people moving to the service and were able to read the initial assessments and care plans.

Where appropriate we saw the use of assistive technology was in place, for example, sensor mats were used to alert staff, especially at night, if people got out of bed. This was so staff could provide support quickly to those people who may be at risk of falls if they got out of bed without support.

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).

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.

We saw that a pre-admission capacity assessment was completed. This assessed whether people understood the need for 24 hour care, agreed to their move to Ferrol Lodge and whether they were free to leave Ferrol Lodge. If the person was not able to make the decision to move to Ferrol Lodge the form asked if the move was in their best interests and prompted a DoLS application to be made when the person moved in to the home.

The registered manager monitored the DoLS applications and authorisations, noting when they needed to be re-applied for.

We saw in people's care files that people with capacity were asked to sign a confirmation of their consent to their care and consent for staff to administer their medicines. This was reviewed monthly and referrals made to the local authority if people's capacity to consent changed so that a formal capacity assessment could be completed.

Where a relative had a Lasting Power of Attorney (LPA) in place a copy of this was kept in people's care files. A LPA is agreed when the person has capacity and legally allows a named person to make certain decisions

on the person's behalf if they become unable to make the decisions themselves.

Staff had knowledge of the MCA and we heard that they asked people's consent before providing support. This meant that the service was working within the principles of the MCA.

Staff told us that they received an induction when they first started working at Ferrol Lodge and shadowed experienced staff as supernumerary to the rota. We saw that there was a comprehensive induction book used. This covered all aspects of the home, including health and safety, personal care, communication, record keeping, supporting people to eat and drink, moving and handling and safeguarding. The induction process included observations of practice by senior care staff, deputy or registered managers. The induction books we saw in the staff files had all been fully completed.

Staff who were new to care were enrolled on the care certificate. The care certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. We also saw that the majority of staff had completed, or were enrolled on, a nationally recognised qualification in health and social care.

Training records showed, confirmed by staff, that the staff had received training in moving and handling, safeguarding vulnerable adults, fire safety, mental capacity, falls and infection control. We saw courses had been booked for nutrition and pressure area care. The registered manager had completed a 'train the trainer' course for safeguarding, which meant they would be able to complete this training with any new staff in the future.

The home had been awarded the Investors in People award in March 2017. Investors in People is a recognised international standard for good practice in staff management and training. The assessment report commented, 'The home has a very positive culture with clear values shown by the registered manager and staff.'

Staff told us, confirmed by records, that they had regular supervisions with the registered manager. These were held every three months and had a different theme each time. For example we saw worksheets had been used to check staff understanding of the MCA and safeguarding. The registered manager also told us they used supervisions to go through any new recording charts that had been introduced to check that the staff were confident when completing them. Supervisions were used to discuss the staff members understanding of their role, training and any concerns they may have.

The staff we spoke with said they felt well supported by the deputy manager and registered manager. One said, "[Registered Manager] has always got time for you and asks if everything is okay." Team meetings were also held every six months. We saw that these were well attended and covered topics such as complaints, health and safety, safeguarding, training and dignity in care. Staff said that they were able to contribute to the team meetings and raise any topics that they wanted to.

This meant the staff had the training, supervision and support to provide effective care and support for the people living at Ferrol Lodge.

We saw that people's nutritional needs were assessed and reviewed. A Malnutrition Universal Screening Tool (MUST) was used to identify any person who may be a risk of malnutrition. People were weighed at least monthly, depending on the MUST outcome. Where appropriate referrals had been made to the Speech and Language Team (SALT) to assess if a person required a modified diet, for example a soft diet. Risk assessments for choking were in place where needed.

The amount of food each person ate was recorded. This was used to quickly identify any changes in a person's appetite so that referrals to other medical professionals or the SALT team could be made.

People told us that they enjoyed the food at Ferrol Lodge. People told us, "The food's all right. They (the care staff) come round every day and ask what we want", "The food's very good" and "The soup is fantastic. If you don't like what's on the menu you can get something else."

We spoke with the chef, who was knowledgeable about people's dietary needs and their food preferences. People had a choice of hot meals each day and could request an alternative if they did not want what was on the menu that day. The lunchtime meal included three courses. We saw people had ample portion sizes. The lunchtime experience we observed was unhurried, with staff prompting people with their food without rushing them. The mealtime was a social occasion with a buzz of conversation around the dining room. The dining room was well laid out, with tablecloths and folded cloth napkins for each person. Where required, adapted cutlery or different coloured crockery was used to support people to maintain their independence when eating their meal. We were also told that people were able to ask for their breakfast at different times if they wanted a lie in in a morning. A relative said, "[Name] can have breakfast at 11am or whatever suits her."

This meant the service had systems in place to meet people's nutritional needs and dietary needs.

People living at Ferrol Lodge had a health care plan in their care file detailing their past medical history, their current general health and how they managed pain, for example were they able to inform staff they were in pain or would staff observe changes in behaviour or facial expressions. Each person was registered with a local GP. We saw that appointments were made when required and referrals for chiropody, opticians and oral care were made. People said that staff would contact the GP when they were ill. One said, "Yes, they'd let my daughter know too." One relative told us, "[Name] gets the medical attention she needs."

We saw that people's pressure area care needs were assessed and appropriate mattresses and cushions were in place where required. Mattresses were checked daily to ensure they were intact and clean. Where an air flow mattress was in use the staff checked the pump was operating at the correct pressure level as directed by the district nurses.

A medical professional we spoke with was very complimentary about the home. They said that the staff knew the people living at the home very well and would phone the GP surgery if they had any concerns; however they did not make inappropriate calls. They also said that any information they need about the person's health was available when they visited and that the staff follow any guidelines given to them. A comment made on a 'visiting professional' survey form in August 2017 stated, "Very good communication about the patient's condition."

This meant that people's health needs were being met by the service.

Ferrol Lodge is a residential service; therefore if people's needs changed they may require a service that provides nursing care. If people's needs increase when they are living at the home referrals are made to the relevant health professionals; for example the dementia crisis team. The registered manager told us that they endeavour, wherever possible to meet people's needs in conjunction with other health professionals, for example district nurses. However if the home is not able to meet the changing needs of the person their social worker, Clinical Commissioning Group (CCG), family and medical professionals would be involved in a re-assessment of the person's needs. Where applicable the home supported the person to move to another service by providing the new service with access to the person's care files. This should help people transition to a service that is able to meet their increased needs when required.

Ferrol Lodge supports some people who are living with dementia. We saw that toilets and bathrooms had signs with pictures and words to assist people living with dementia. All toilets had raised seats and arms to help people maintain their independence. A fully accessible bath was available for people's use. However all the bedroom doors were painted the same colour, with small numbers in the top corner denoting which bedroom was which. The registered manager said that people were able to orientate themselves within the home; however we did see one bedroom door that had a picture of the person on the door to help them to recognise their own room.

We recommend that consideration is given to personalise people's bedroom doors if they wish, for example using pictures, memory items or different colours, to aid people with orientation around the home.

Is the service caring?

Our findings

All the people we spoke with were extremely complementary about the care, support and kindness provided by the staff team. People said, "The staff are very good and very kind. I couldn't speak highly enough of them. They're so helpful", "The staff are very good actually" and "I'm a happy man here."

All the relatives we spoke with were also highly supportive of the staff team. One said, "It was a good choice coming here. The staff are very caring and very efficient" and another told us, "They're so welcoming; sometimes I can't get here until later in the evening. They said that wasn't a problem, come when you come."

A comment from the relative questionnaire was, 'A very friendly home that is clean and odour free with very caring staff.'

We found there was a clear ethos of person centred care throughout the service. The Investors in People report from March 2017 stated, "The home has a very positive culture, with clear values showed by the registered manager and the staff team."

Throughout our inspection we observed positive, kind and caring interactions between the staff and people living at Ferrol Lodge. Staff had time when talking with people, giving them the opportunity to respond or make choices. We observed staff offer to read a card one person had received as they knew the person was not able to read the card themselves. They spent time reading the card and then spent time chatting with the person about the family member who had sent it. People were clearly at ease in the presence of staff, who they approached freely.

We also observed domestic and maintenance staff take the time to interact and support people. One domestic member of staff saw one person stand up. They immediately went to support them and happily chatted and walked with them to ensure they were okay. This showed that the entire staff team at Ferrol Lodge were engaged in providing exceptional compassionate care and support for the people living at the home.

Feedback from two local authority social workers included the comments, "The carers are very welcoming and make everyone happy" and "I've have been impressed with home environment and the caring nature of the staff."

One relative told us how a staff member had invited their loved one to attend their wedding. The other staff going to the wedding came to pick the person up, take them to the wedding and supported them to return to the home at the end of the day. The relative said, "Mum loved the wedding; she perked up for the month or two before and after the wedding. She's got photos of the day; the staff went above and beyond that day."

During the inspection we observed a visit to the home by a mother and toddler group. This was organised weekly and had been in operation for a month at the time of our inspection. Four parents and their children

spent half an hour singing nursery rhymes, complete with actions. Everyone seemed to enjoy themselves and we noted people's faces lit up and they seemed to become instantly more animated when the children arrived.

The registered manager also told us they had contacted several local nurseries and schools to try to establish more intergenerational visits to the home. Two nurseries were due to have their first visit to the home over the next month. These would enable the people living at the home and young children to interact, sing songs and chat. Intergenerational activities can have benefits for the older people through reducing the likelihood of depression and providing people with a purpose. The children can also benefit by talking and interacting with older people. This meant that the registered manager had been pro-active in organising these intergenerational activities for the people living at Ferrol Lodge and these activities were having a positive impact on people's wellbeing.

At the entrance to the home there were six certificates for staff who had signed up as dignity champions through the Dignity Challenge. The dignity challenge describes the values and actions that services that respect people's dignity should follow.

Trafford Healthwatch undertook a visit to Ferrol Lodge in October 2016 as part of the assessment for the Local Authority 'Dignity in Care' award. The home achieved the award and was therefore recognised by the local authority as providing care that respects people's dignity. . Comments from the report included, "All residents are treated like family, there is no preferential treatment given" and "The staff members have great working relations with each other and maintain excellent relations with residents and their relatives. They have great communication schemes that help to maintain these links."

We saw staff ask people if they required support, for example with personal care, in a discreet way, respecting people's dignity. Staff were able to explain how they maintained people's privacy when supporting them with personal care. We were told how staff would ensure doors and curtains were closed and that they had all the items they needed, for example toiletries or continence pads, ready before starting their support. People and their relatives confirmed that staff respected their privacy and dignity. One person said, "Staff always knock before entering (my room)." One staff member told us, "I always ensure people are clean and well dressed, with their hair done and they've got their glasses and hearing aid."

We saw that staff prompted people to maintain their independence wherever possible. Care plans included details of tasks people could complete themselves. For example we observed staff supporting and encouraging one person to mobilise with their frame rather than automatically using a wheelchair. Staff also supported the person to walk a short distance without their frame. This was to improve their posture, maintain their muscle tone and strength and to encourage people to be active wherever possible. Staff patiently supported and prompted the person to be able to achieve walking by themselves. Throughout our inspection we heard praise being offered when people were completing tasks for themselves. One person said, "You are always encouraged to help yourself as far as you can" and another told us, "If you can do things for yourself that's good. Staff will check that you've done ok."

Each person had a completed life story book in their care files. This documented key details about people's lives, what was important to them and their identity, culture and beliefs. It also included information about the person's likes and dislikes, for example food and how they preferred to communicate. This meant staff were able to form meaningful relationships with the people who used the service and engage in conversations about their life and interests. One relative said, "Staff know exactly what [name] will and won't have."

Relatives also told us that the staff kept them informed of any changes in their loved ones health or wellbeing. One relative told us, "They (the staff) will phone me or my brother if there are any issues; we aren't left in the dark." This meant the home communicated well with people's relatives to keep them up to date with any changes that had occurred. The staff team had built and maintained open and honest relationships with people and their families.

A comprehensive one page profile was available in each person's bedroom. This was on the back of a laminated picture card, which meant it looked part of the room's décor. The profile gave brief details about what the person liked to be called, their background, the support they required with personal care and mobility, their likes and dislikes, how the staff would know if the person was in pain and if they had a do not resuscitate agreement in place. There was also space to add any additional information, for example if the person was on any short term medication. This meant that staff were able to refer to the one page profile when supporting people to ensure they were providing the support that had been agreed.

People's diversity was respected and everyone's bedrooms were personalised to reflect their own interests and had belongings and items that interested them.

We saw that local priests and vicars from three different denominations visited the home; one each week and two on a monthly basis. Each led communal prayers with those who wished to participate and visited people in their own rooms if people wanted them to. This meant that opportunities for people to meet their cultural needs were provided. At the time of our inspection there were no people using the service who practised other faiths.

We saw that the service had been able to meet a couples wish to move to a residential home but remain living together. There were two double occupancy rooms at Ferrol Lodge and one had been made available for them. The other double room had one person living in it at the time of our inspection because they did not wish to share with anyone else. This showed the service respected people's equality and human rights to share a room with their partner or to choose that they did not wish to share.

We saw the service sought the views of the people who used the service and their relatives. Monthly residents meetings were held, which were also open to relatives. We observed that to enable each person to be involved and give their feedback on the service a staff member spoke with each person either individually or in small groups in the lounge areas of the home. People were asked what they thought of the food, activities, the staff and the day to day running of the home. In September people had been asked if they wanted to be involved in the interviews of prospective new staff; however no one had wanted to take part. In October we saw that positive feedback had been given on the food and activities being arranged. People were able to make suggestions for changes or new activities they wanted to do. We saw that in August a suggestion had been made to purchase a clock which showed the day, date and time. This had been bought and was in the main lounge. People had also requested a 'high tea' and this had been arranged.

We also saw that annual surveys for people who used the service and their relatives were undertaken. These were evaluated by the registered manager. We noted that the responses were overwhelmingly positive. Comments from the surveys included, "The quality of the food has improved with the new chef" and "I feel able to ask questions and I'm always listened to and included in all discussions."

This meant people, their relatives and staff said that they felt listened to and respected by the registered manager. They were able to give their opinions and feedback on the service and make suggestions on improvements or changes they would like to see.

The service had set up a Facebook group for relatives. We saw people were asked their consent for this. The group was a 'closed' group, with people only being able to access the Facebook page with the permission of the registered manager. The page was used to share photographs of activities and events at Ferrol Lodge. This was especially beneficial for those relatives who did not live close to the home and so were not able to visit their loved ones as often.

The home had also started a newsletter; the first issue being October 2017. This provided details of what was happening at the home and future events. It was planned to publish the newsletter three times each year.

This meant that the home involved people in their care and the running of the home and suggestions were acted upon.

We saw that all care files were stored in a lockable cupboard and were not left unattended. This meant that people's confidential information was kept secure.

Is the service responsive?

Our findings

We looked at three care files and found that the care plans were personalised, reflected each person's needs and provided guidance for the staff on the support people needed. Care plans included personal care, continence, communication, social and religious needs, mobility and night time support. Relatives and people we spoke with said that they had been involved in the care plans. We saw that where people had capacity they had signed their care plans. Care plans included outcomes that the person wanted to achieve, for example maintain my mobility.

A pre-admission assessment was undertaken by the registered or deputy managers. This was completed with the person moving to Ferrol Lodge and their family where appropriate. Information was also gathered from other professionals involved in the person's care and support, for example from social services or medical professionals.

We were told that a review was held six weeks after people moved to the home to discuss if Ferrol Lodge was meeting the person's assessed care and support needs and that the person wanted to stay at the home.

We saw that each care plan was reviewed monthly and updated where required. One person's care plan had been reviewed by a senior carer and changes marked on the care plan in pen. These were waiting to be typed up and re-printed. We recommend that any changes made in pen are initialled and dated so that staff would be aware when the changes had been made.

The staff we spoke with were knowledgeable about people's care and support needs. The support needs of people described by members of staff corresponded with the care plans we had read.

Ferrol lodge did not employ a member of staff specifically to arrange activities. All staff initiated and organised activities when they were on shift. A senior member of staff said that this ensured there was a 'whole home' approach to activities and provided a variety of activities. A range of in house activities were available, including arts and crafts, jigsaws, board games and exercise sessions. Dolls were available for people to hold if they wanted to. Doll therapy has been shown to reduce anxiety for some people living with dementia. We also saw that relatives were able to bring their pets to the home when visiting their loved one. We noted that in the September 2017 staff meeting the registered manager had discussed with the staff team about becoming more involved in organising activities with people. This meant that activities were available for people to participate in; however this was dependent on the staff on duty to organise them with people.

We noted that entertainers visited the home, for example singers, on a regular basis. A local group had also brought some owls into the home for people to look at and hold. There were also weekly sessions for hairdressing, nail painting and manicures. One person said, "I like doing the exercises and the singing." A relative told us, "My mum likes board games, crosswords, chequers and, believe it or not, knitting."

We were also told that events were organised by the home. One person said, "The home had a 'French'

afternoon for residents and our friends and families" and "Staff have discussed a Christmas party with us and have begun making the arrangements; we'll be able to invite our families and friends." We saw that a cheese and wine event had been planned for November. This meant that the home included people's families and friends in celebrating events at the home.

We saw pictures from activities organised by a group of teenage volunteers from the National Citizenship Service who came into the home for a few days in the summer to participate in and lead a variety of activities with people. The National Citizenship Service promotes social engagement in local communities as part of its programme working with teenagers.

We saw that the home had a formal complaints policy and procedure in place. We noted that there had been no formal complaints received by the service since our last inspection. The registered manager said that people and relatives would raise any concerns directly with the staff or her and these would be dealt with quickly. This meant that issues did not progress to a formal complaint.

We saw that a 'preferred priorities for care' form was included in people's care files. This provided information about people's wishes at the end of their life and also after their death. This included whether the person wished to remain at Ferrol Lodge or transfer to hospital at the end of their life, who they wanted to be informed and any wishes they had for music or the clothes they wanted to wear. Details of any cultural needs were also identified, for example if a person wanted to be visited by a priest. This meant that staff would have the information to follow people's wishes at the end of their lives.

We also saw that a 'prognostic indication' tool was used by the service. This was used to indicate if a person's health was deteriorating and they may be approaching the end of their life. The registered manager said that if people's health was deteriorating the tool would prompt them to contact the relevant health professionals, for example the GP and district nurses, so that they were also aware of the person's declining health.

However in one care file we viewed the prognostic indication tool had been reviewed and stated no change in the person's health but at the time of our inspection the person was being supported in bed and their health was poor. The registered manager updated the tool during our inspection. We noted from the care file that all relevant medical professionals were already involved in the care and support for this person.

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC). The registered manager was supported by a deputy manager.

We found there was a clear ethos of person centred care throughout the service. The Investors in People report from March 2017 stated, "The home has a very positive culture, with clear values showed by the registered manager and the staff team."

A range of audits were completed by the registered and deputy managers. A quality assurance development tool detailed the checks and audits that would be completed each month. Weekly medicines and infection control checks had been developed in October 2017. Prior to this the audits had been completed monthly. Incidents and accidents were reviewed each week. Monthly health and safety audits were completed. Staff files were audited on an annual basis and the registered manager did an internal quality assurance inspection each year. This included checks that policies and procedures were up to date, all equipment servicing was up to date and that staff meetings, training and supervisions had been held. We saw an audit of a sample of nine care plans had been undertaken in February 2017. The audits included details of the actions taken when any shortfalls had been found.

We saw that a monthly 'resident care review' form was completed by a senior member of staff for each person. This checked that a review of the care plans and risk assessments had been done, people's rooms had been checked, all the required continence aids and toiletries were available and any equipment, for example a walking frame, had been checked and cleaned.

The provider (who was the previous registered manager at Ferrol Lodge) completed a monthly 'owners report'. This report included looking at the cleanliness, décor, maintenance, care plans, medicines, staff files and training. Feedback to the registered manager was recorded and actions agreed. In October 2017 this included chasing the carpet supplier to replace a section of carpet on the first floor. The carpet was still required at the time of our inspection over two weeks later.

We saw that the surveys for relatives, staff and visiting professionals had been analysed and any comments noted. An action plan from these comments had been written.

We noted that actions from the audits and surveys had been completed, with the exception of some longer term actions such as redecoration and replacement of furniture. We discussed this with the registered manager. As mentioned previously in this report it was planned to replace two commodes per month. The registered manager said they would then look to renewing the wardrobes and sink units in people's bedrooms. With four new commodes having been bought at the time of our inspection this would take another nine or ten months to replace all commodes. This meant that the refurbishment of people's bedroom furniture would not take place until the summer of 2018. As noted previously in this report the medicines room was at 24 or 25 degrees Celsius. This had been identified at the last CQC report in August 2016 as a potential issue.

We saw a comments from the staff survey returns included that some rooms needed redecoration, new commodes were required and a carpet was needed replacing.

This meant that a robust system of audits was in place at the service; however the programme to replace and upgrade people's bedroom furniture and look at ways to reduce the temperature in the medicines room was not being quickly implemented.

The staff we spoke with were all very positive about working at Ferrol Lodge. They said that the registered and deputy managers were approachable and they could go to them if they had any ideas or concerns. One staff told us, "It's a good team, we all get on. It's a nice atmosphere and the service users are happy."

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the CQC. We saw that the CQC had been appropriately notified of any incidents by the registered manager. The accident and incident forms were completed with full details of what had occurred and what action the staff had taken.