

Clevedon Care Limited







# Teesdale Lodge Nursing Home

## Inspection report

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### Ratings

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

### Overall summary

We carried out this inspection on the 2 June 2015. The inspection was unannounced which meant the staff and registered provider did not know we would be visiting.

Teesdale Lodge Nursing Home is a 40 bedded purpose built, single storey care home. Personal care and nursing care primarily to older people is provided. All bedrooms are single rooms with en suite facilities. The home is situated close to a bus service and within a 10 minute walk to Stockton town centre.

There was no registered manager in place as this person had very recently left the service. A registered manager is a person who has registered with the Care Quality

Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection the deputy manager was acting up as the manager. The deputy manager started working at the service in March 2015.

At the last inspection in November 2014 we found the home did not meet the regulations related to the

# Summary of findings

management of medicines, care and welfare, nutritional needs, respecting and involving people, records, staffing and assessing and monitoring the quality of the service provision.

The registered provider sent us an action plan that detailed how they intended to take action to ensure compliance with these seven regulations. At this inspection we found the actions the provider had taken led to the home achieving compliance in these areas.

Appropriate systems were now in place for the management of medicines so that people received their medicines safely. Medicines were stored in a safe manner. We witnessed staff administering medicines in a safe and correct way. Staff ensured people were given time to take their medicines at their own pace. However we did discuss with the acting manager that protocols for when required medicines (PRN) needed to be put in place.

We spoke with kitchen staff who had a good awareness of people's dietary needs and staff also knew people's food preferences well. We saw the dining area and experience had much improved since our last visit. Everyone we spoke with told us they enjoyed the food and we saw staff supporting people to eat in a caring and dignified manner. People were subject to nutritional monitoring and food and fluid charts as well as weight charts were now being well completed.

We saw people's care plans were personalised and had been well assessed. Staff told us they referred to care plans regularly and they showed regular review that involved, when they were able, the person. We saw people being given choices and encouraged to take part in all aspects of day to day life at the service.

We found people were cared for by sufficient numbers of staff. Recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

All people told us they felt safe at the service. Staff were aware of procedures to follow if they observed any concerns. We had seen staff were supported to raise concerns by the acting manager and these had been acted upon swiftly. We saw that the staff team were supportive of the acting manager and each other. Feedback from visiting professionals and visitors on the day were very positive about the management and service at Teesdale Lodge.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced and checked such as fire equipment and water temperature checks. The service had a comprehensive range of audits in place to check the quality and safety of the service and equipment at Teesdale Lodge and actions plans and lessons learnt were part of their ongoing quality review of the service. Some risk assessments required review to ensure they were up to date and relevant.

The acting manager had knowledge of the Mental Capacity Act [MCA] 2005 and Deprivation of Liberty Safeguards [DoLS]. The acting manager understood when an application should be made, and how to submit one. At the time of our visit five of the 29 people were subject to a DoLS authorisation.

The service encouraged people to maintain their independence and although the service was still trying to recruit an activities coordinator, some activities were taking place such as Thursday afternoon themed food tasting and recently some people had been out to the local pub.

We observed that all staff were very caring in their interactions with people at the service. People clearly felt very comfortable with all staff members and there was a lovely warm and caring atmosphere in the service and people were very relaxed. We saw people being treated with dignity and respect and relatives and people told us that staff were kind and professional.

We saw that a recent food questionnaire where people's views were captured had been undertaken in May 2015. We also saw a regular programme of staff and resident meetings where issues were shared and raised. The service had an accessible complaints procedure and people told us they knew how to raise a complaint if they needed to. We saw that complaints were responded to, investigations carried out thoroughly and lessons learnt from them. This showed the service listened to the views of people.

Any accidents and incidents were monitored by the acting manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

# 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?

The service was safe

Staff were recruited safely to meet the needs of the people living at the service.

People living at the service told us they felt safe. Staff were clear on what constituted as abuse and had a clear understanding of the procedures in place to safeguard vulnerable people and how to raise a safeguarding alert.

There were enough staff on duty to meet the needs of people using the service.

There were policies and procedures to ensure people received their medicines safely and medicines were stored appropriately. Protocols were needed for medicines given on 'as required' basis

Some risk assessments required review to make sure they were up to date and relevant.

Accidents and incidents were monitored by the acting manager to ensure any trends were identified and lessons learnt.

Good



### Is the service effective?

This service was effective.

People were supported to have their nutritional needs met and mealtimes were well supported.

Staff received regular and effective supervision and training to meet the needs of the service.

The acting manager had a good understanding of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and they understood their responsibilities.

Good



### Is the service caring?

This service was caring.

People told us they were happy with the care and support they received and their needs had been met.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and independence was promoted.

We saw people's privacy and dignity was respected by staff.

Good



### Is the service responsive?

This service was responsive.

People's care plans were written from the point of view of the person receiving the service.

People's choices were respected and although not yet fully established more activities including community visits were beginning to take place.

Good



# Summary of findings

There was a clear complaints procedure and staff, people and relatives all stated the acting manager was approachable and listened to any concerns.

We saw the service robustly responded to complaints and showed actions and learning from them.

## **Is the service well-led?**

The service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided.

People and staff all said they could raise any issue with the acting manager.

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

**Good**



# Teesdale Lodge Nursing Home

## Detailed findings

### Background to this inspection

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

The inspection visit took place over one day on 2 June 2015. This visit was unannounced which meant the staff and provider did not know we were visiting. The inspection team consisted of two adult social care inspectors and a specialist professional advisor who was a registered nurse.

The provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

During our inspection we spoke with 10 people who lived in the home, three relatives, seven care staff, the chef, the administrator and the acting manager. We observed care and support in communal areas and spoke with people in private. We looked at care records of four people, to see if their records matched with the care needs they said they had or staff told us about. We also looked at records that related to how the service was managed.

As part of the inspection process we reviewed information received from the local authority who commissioned the service and spoke with a visiting healthcare professional.

# Is the service safe?

## Our findings

We checked the management of medicines and saw people received their medication at the time they needed them. We observed a medicines round and observed the nurse explain to people what medicine they were taking and why. They stayed with the person to ensure they had swallowed their medicine and then signed the medication administration record (MAR). We saw photographs were attached to people's MAR, so staff were able to identify the person before they administered their medicines. We found staff checked people's medication on the MAR chart and medicine label, prior to supporting them, to ensure they were getting the correct medicines.

We saw that there was no written guidance for the use of "when required" medicines (PRN), and when these should be administered to people who needed them, such as for pain relief. We discussed PRN protocols with the acting manager.

We saw all medicines were appropriately stored and secured within the medicines trolley or in the treatment room. The treatment room temperature was recorded daily. Medicines requiring cool storage were kept in a fridge which was locked; with dates of opening seen on eye drops, which were within a shelf life of 4 weeks. We saw that temperatures relating to refrigeration had been recorded daily and were between the recommended 2 and 8 degrees centigrade.

The acting manager showed us weekly and monthly medication audits, including the MAR charts, to check that medicines were being administered safely and appropriately. We found that the service had up-to-date policies and procedures in place, which were regularly reviewed, to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. The provider's medicines management policy was based on the recognised National Institute for Health and Clinical Excellence guidelines on managing medicines in care homes and the Royal Pharmaceutical Society of Great Britain 'The Handling of Medicines in Social Care'.

Risk assessments were also held in relation to the environment. Although there had been a recent fire risk assessment in May 2015, many other risk assessments were

out of date or required archiving and we discussed this with the acting manager to carry out a review of all risk assessments as soon as they were able. The four care plans we looked at incorporated a series of risk assessments.

We asked people if they felt safe at the service and they told us; "Yes, totally," and "Yes, I love it here." We spoke with two relatives who told us; "The staff are very kind and caring here," and "I visited lots of services before my mum came here and I knew as soon as I came in the door that it was caring."

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. One staff member told us; "I'd report any concerns I had straight away." Training records showed they had received safeguarding training which was regularly updated. We saw that information was displayed around the service and staff room with contact information and staff we spoke with knew the name and details of the local authority safeguarding service. This showed us staff had received appropriate safeguarding training, understood the procedures to follow and had confidence to keep people safe.

We saw records that demonstrated the service notified the appropriate authorities of any safeguarding concerns including the Care Quality Commission.

We found the service to be clean and pleasant. People we spoke with told us their rooms were cleaned daily and fresh linen provided. We saw staff using personal protective equipment when providing personal care and when supporting people at mealtimes. We saw a recent infection control audit with a full action plan to address any needs.

All healthcare visits were recorded and everyone had a pressure care assessment, falls assessment and a nutritional assessment. People were also weighed on a regular basis, often weekly if required.

The training information we looked at also showed staff had completed other training which enabled them to work in safe ways such as moving and handling and emergency first aid. Staff we spoke with confirmed they knew the procedures to follow in the event of an emergency.

There were effective recruitment and selection processes in place. We looked at records relating to the recruitment and

## Is the service safe?

interview process. We saw the registered provider had robust arrangements for assessing staff suitability; including checking their knowledge of the health and support needs of the people who used this type of service. We saw the registered provider maintained records to ensure that nursing staff were registered with the Nursing and Midwifery Council (NMC). This helped ensure people received care and treatment from nursing staff that were required to meet national standards and code of conduct.

We looked at three staff files and saw that before commencing employment, the registered provider carried out checks in relation to staff's identity, their past employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and minimise the risk of unsuitable people working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) checks. The acting manager explained the recruitment process to us, as well as the formal induction and support given to staff upon commencing employment. This meant the service had robust processes in place to employ suitable staff.

On the day of our inspection there was an acting manager, two nurses, a senior care staff, an administrator, two housekeepers, two kitchen staff, a maintenance staff and four care staff on duty for 29 people. We looked at the staff rota and confirmed that staffing levels were consistently provided at this level during the week. We observed that buzzers were answered promptly and although staff were busy, their interactions with people using the service were not rushed. Staff members told us that they usually

covered shifts themselves if people were off sick or leave and that agency staff had much reduced at the service. One staff told us; "I came in the other night and there was an agency nurse on the night shift and I thought – that's a rarity, and it used to be all the time. It's much better without them as our staff team know people and their needs better." Some staff and people who lived at the service said they would like more staff, one person told us; "Sometimes I have to wait," whilst another person told us; "As soon as I ring the buzzer someone comes."

The service was clean, homely and well maintained. There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and appliances. We also saw records that equipment such as hoists were checked regularly to ensure they were working safely.

They included areas such as the risks around moving and handling, skin integrity, falls, and a nutritional screening tool. We saw that people or their families agreed to the care plans and risk assessments that were in place and this was recorded. The risk assessments and care plans we looked at had been reviewed and updated regularly.

Any accidents and incidents were monitored by the acting manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.



# Is the service effective?

## Our findings

We asked people who used the service if they felt staff were well trained and knew what they were doing. People told us; “The girls are excellent and all have good knowledge,” and “The lasses are marvellous, they all get well trained.” Relatives told us, “Yes, the girls are all very competent.”

We asked staff about their most recent training and they told us “Food and dementia care, behaviour, end of life, catheter care and venepuncture.” When asked what they had learnt from attending this training they told us “The importance of input and output, to ensure mealtimes are pleasant, food is varied, the environment and to observe the person’s swallowing.”

We asked to see the training chart and matching certificates. Training was in date and we saw a list of what training had been undertaken in May, this included health and safety, continence, stroke awareness and diabetes. When we asked staff about how their competencies were assessed as well as the frequency they told us they were assessed by peer’s yearly.

All staff we spoke with said they had regular supervisions with the acting manager and records we viewed demonstrated that supervision meetings were meaningful discussions with development areas for staff and positive feedback. Staff members we spoke with said they felt able to raise any issues or concerns to the acting manager. One staff member said; “She is very approachable.”

We looked at supervision and appraisal records for three staff members. We saw supervision was planned to occur regularly and that records for 2015 were currently up-to-date.

We also saw records of other regular staff meetings and staff told us about the most recent meeting on 7 May 2015. All staff who attended signed the sheet and other staff signed to show they read the minutes, this showed that everyone knew what had been discussed. Meetings were held for registered nurses, care staff, night staff and ancillary staff. Topics discussed were the recent CQC report, uniform, training, safeguarding and completing documentation.

We observed the lunchtime meal in the dining room. The room was comfortable and not cluttered and quiet music was playing as well as all tables being fully set with

condiments. The service provided photographic laminated menus that showed the choices for lunch and tea-time and these were well utilised by people and promoted discussion about what they fancied at tea-time too. Staff took their time when asking people about their choice to ensure they could process the question and give a response. The mealtime experience was calm and enjoyable, people were offered second helpings or offered an alternative if they appeared not to be enjoying it. Where people needed assistance with their food the staff were very patient with them, we saw staff asking; “Would you like me to help you with your lunch,” and “Are you enjoying it?” Staff spoke nicely to everyone.

People told us that they could have something to eat at any time, one person said; “I have pancakes for my breakfast on a morning.” Another person said; “I can have what I want when I want.” During the lunchtime meal, the chef asked everyone for their comments on the meal and chatted to people generally.

Staff told us about how they monitored people’s nutritional needs. We spoke with the chef who told us they were informed about anyone with diabetes, who required a fortified diet (one with a high calorie intake for people at risk of malnutrition), or who needed a softened diet. They told us they had all the equipment and supplies they needed. We observed the chef asking people about their food choices during the morning and they told us; “We try our very best to give people exactly what they want.” We saw snacks, including fortified snacks such as cakes and biscuits were provided to people along with hot drinks throughout the day. There were also fruit bowls filled in the dining room throughout the course of the inspection. We saw care plans for monitoring food and nutritional intake for people at risk and we saw that where people were on charts to monitor their intake these had been well completed.

People told us; “The food is very good” and “You get lots of choices.”

We saw staff supporting people who required assistance with eating in a gentle and dignified manner. Staff sat at the same level as people and gave encouragement and gentle physical reassurance where it was needed. No-one was rushed with their support and staff talked to people throughout about general day to day things so it was relaxed and very friendly.



## Is the service effective?

People had choice where they wanted to eat and some preferred to stay in their own rooms. Food was brought to them covered on a tray with all condiments needed for example one person was having roast lamb and they had a small silver dish with mint sauce.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the rights of people who may need support to make decisions are protected. Training records showed staff had received recent training in the principles of MCA, which are that people must be presumed to have capacity and allowed to take risks as they wish unless they have a mental disorder that could impact their ability to make decisions. If the person has this type of condition again it must be assumed they retain the ability to make decisions unless a capacity assessment shows otherwise. The capacity assessment must be decision-specific, as the person might have capacity to make some decisions and not others. Our observations showed staff took steps to gain people's verbal consent prior to care and treatment.

The care plans we reviewed contained assessments of the person's capacity when the person had conditions that affected their cognitive function and could impair their ability to make various complex decisions. Care plans also described the efforts that had been made to establish the least restrictive option for these people was followed and the ways in which the staff sought to communicate choices to people. When people had been assessed as being unable to make complex decisions there were records of the 'best interest' meetings with the person's family, external health and social work professionals, and senior members of staff. We saw that the meetings related to specific decisions such as 'the use of medication'. This showed any decisions made on the person's behalf were done so after consideration of what would be in their best interests. Records also showed advocates had been involved in supporting people where necessary.

The Care Quality Commission is required by law to monitor and use the Deprivation of Liberty Safeguards (DoLS) authorisations. DoLS are applied for when people who use the service lack capacity to make decisions and the care they require to keep them safe amounts to continuous supervision and control. The acting manager was aware of their responsibilities in relation to DoLS and was up to date with recent changes in legislation. We saw the service acted

within the code of practice for MCA and DoLS in making sure that the human rights of people who may lack mental capacity to take particular decisions were protected. The acting manager told us they had been working with relevant authorities to apply for DoLS for people who lacked capacity to ensure they received the care and treatment they needed and there was no less restrictive way of achieving this. At the time of our inspection DoLS had been approved for five people who used the service.

We saw records to confirm people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. One person said; ". Staff told us the local GP services were; "Very good." One person told us if they felt unwell then assistance was sought; "Straight away." We spoke with a visiting McMillan nurse who said the following about the service; "They were very proactive on referring people to me." We saw people had been supported to make decisions about health checks and treatment options.

We saw people signed where they were able, to show their consent and involvement in their plan of care. If not a family member who had lasting power of attorney for care and welfare was asked to consent. One person told us; "Yes I helped write my care plan, I know what's in it." This showed that people were involved in the planning and delivery of their care.

We spoke with staff about accessing healthcare for people and everyone said they were comfortable to call for professional help if they felt it was needed. One person told us; "They'd get someone straight away." We saw from care plans appropriate referrals had been made to professionals promptly and any on going communication was also clearly recorded. The relative we spoke with said, "Any medical issues the GP is straight round."

The service was slightly confusing in its layout and although some signage had been added to the service we discussed with the acting manager to perhaps use further signage to aid the whereabouts of bedroom numbers for example rooms 1 to 14 this way. We saw people now had their names and relevant picture on their room door and one relative told us the photo on their relative's door was of their dog they had once owned so it was very meaningful to them.

# Is the service caring?

## Our findings

We asked people if they were happy with their care at the service and received the following responses; “I love it here it’s a wonderful place,” and “All the staff here are wonderful both male and female carers are excellent, there is not a bad one amongst them.” Another person said, “Staff are brilliant, nothing is a bother, they’re excellent, they’ll do anything to help you, they make life a lot easier, the care is really good.”

One relative told us; “I’m here every day and I looked at a lot of places before my relative came here and I am very happy with the care.” Another relative said; “They are very caring people, X couldn’t be in a better place.”

A visiting healthcare professional said, “It’s busy, the staff are approachable, the staff know a lot about people, there’s no smell, everyone says hello; the person I see is clean, they’re well cared for and has no distress. I’ve never noticed the buzzers, I’ve never heard residents shouting or in distress.”

Everyone said they got privacy. We saw staff using people’s preferred names and knocking before entering rooms. One person told us; “I have never been disrespected.” A relative told us; “Staff are very friendly, I have no issues my relative is fantastically well looked after.” And “I have never seen a carer who I would not want caring for my mam. They are diplomatic and respectful of my mother’s privacy” And “X [named staff member] is fantastic, very patient, tolerant and understanding.” We passed this praise for a member of staff onto the acting manager.

We saw all staff interacted with people over the course of the visit. These interactions were always positive and caring and there was also a lot of laughter and kindness shown towards people. We observed staff assisting

someone to move with a hoist and staff were telling the person exactly what was happening and were singing with them to help distract them from the task so they remained calm and felt safe.

All staff told us they gave people as much choice as they could around their daily life from when they got up, to meals, activities, having their hair done and bedtimes. One person told us; “I have always done what I wanted to do and no-one here tells you what to do.”

Staff told us they encouraged people to be as independent as possible. We saw that people were supported to be as independent as much as possible including going out into the community and carrying out tasks such as dressing and washing, with staff only when support was needed.

People told us their relatives and friends were encouraged to visit them within the home at any time of day or night. One person said; “Visitors can come anytime. They are always asked if they want tea or coffee.”

We saw evidence of advanced care plans [Advance Care planning is key means of improving care for people nearing the end of life and of enabling better planning and provision of care, to help them live and die in the place and the manner of their choosing]. The service had implemented the National Gold Standards Framework (GSF) This is the centre in end of life care and is the national training and coordinating centre for all GSF programmes, enabling staff to provide a gold standard of care for people nearing the end of life. We saw evidence that end of life and the GSF was discussed at handover.

We saw the service had provided a relative’s room where people could comfortable stay if their relative was at the end of their life. This room was nicely furnished and complete with helpful literature about dealing with end of life and managing grief, this was an example of good practice in providing good end of life care.

# Is the service responsive?

## Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated with, where they were able, the person who used the service.

Risk assessments were in place where required. For example, where people were at risk of falls and these were reviewed and updated regularly.

People told us about activities and said; “There is stuff starting to happen now but it hasn’t been good. I’d like more bingo and dominoes.” Another person told us they would like to do some baking and we fed these views back to the acting manager who said they would look into them. On our last visit there was no evidence of activities taking place and on this visit we saw photographs of entertainers who had visited the home and a recent trip by people to the local pub. We also were told about the food tasting Thursdays which were very popular and the next one was on a Seaside theme. People told us they were looking forward to fish and chips and ice cream.

People told us they would complain to staff or the acting manager. One person said; “Yes I know how to make a complaint if I need to.” A relative told us; “I know who I need to speak to and have raised an issue previously with the old manager that was sorted out.”

Records we looked at confirmed the service had a clear complaints policy and information was held in the reception area of the home that related to complaints, meetings and quality assurance and was available for people to pick up and read. We looked at the home’s record of complaints. There had been 8 complaints recorded in 2015 and there was a clear record of investigations and outcomes recorded. The acting manager stated they dealt with any issues quickly and as they arose, but would enable anyone to progress to using the formal complaints process if they wished. We saw that the learning from complaints was shared with staff through

supervisions or staff meetings. We also saw how through complaint investigations that the acting manager encouraged whistle-blowing and dealt with any issues of poor practice swiftly and decisively.

We saw records of regular meetings that took place for people living at Teesdale Lodge and their relatives. One person told us; “Yes I go to them and we all talk about things.” We saw from the most recent meeting on 13 March 2015 that eight people attended and they discussed outings in the minibus, Easter activities and the quality of food at the service and the quality of care.

People’s care and support needs had been assessed before they moved into the service. We looked at the care records of four people at Teesdale Lodge and saw each person had an assessment prior to moving to the service which highlighted their needs. Following the assessment care plans had been developed, which included details of the care and support needed, for example, what people were able to do for themselves and what staff would need to support them with. Care records we looked at detailed people’s preferences, interests, likes and dislikes and these had been recorded in their care plan. For example, we saw that one person liked to watch a specific TV channel as they liked programmes such as Top Gear. When we visited this person in their room, we saw they were watching this channel and were engaged with it. Each record we viewed showed that people had agreed to their plan of care where they were able or a close appropriate relative had signed to show their consent. We saw that there were personalised risk assessments in place and that these and the care plans were reviewed regularly with the person where possible, or their representative. There was good evidence of communication with families or healthcare professionals and there was detailed information about people’s lives prior to moving into Teesdale Lodge that helped staff build relationships with people. One staff member told us; “The care plans are easy to follow and that’s vital.”

The staff we spoke with demonstrated an in-depth knowledge and understanding of people’s care, support needs and routines and could describe care needs provided for each person.

# Is the service well-led?

## Our findings

People who used the service, visitors and staff that we spoke with during the inspection spoke highly of the acting manager.

We saw evidence of regular meetings for staff groups, people using the service and visitors. The last meeting for people who used the service and their relatives was held on the 30 April 2015. Topics discussed were mainly activities and food; some relatives requested that it would be nice for people to sit in the garden in the nice weather. The acting manager said this had happened recently.

People told us that the acting manager was a regular presence at the service and they could discuss anything with them, this meant the manager was accessible and listened to the views of people and staff at the service. One staff member told us; “She is dead approachable,” and “If you feel there is a problem, she’ll get it sorted.” Another staff told us; “There has been a lot of progression since X [the acting manager] has been here. It’s got a lot better.” And another said, “Since the acting manager took over there is more stability, she is the backbone of the place.” And “The new manager is very kind and approachable which I think is very important. A relative we spoke with said, “There had been issues with management that I was about to bring up, but everything is fine now, the acting manager is very organised and approachable.”

We asked people about the atmosphere at the service, everyone said it was a happy place to be. One person said; “They ask me what I think about living here and they listen to me.” Another person told us; “It’s a good atmosphere here.” One staff member told us; “I love it here.” The service used a satisfaction survey to gather feedback, and we saw from the last survey in 2014 that any issues identified were actioned by the service and a documented response recorded. The administrator told us they were revising the questions for the next survey which would be going out

shortly. The service had also done a shorter survey based round food that focussed on “Say what you think” and then responding with “This is what we did.” We saw that improvements such as the taster afternoons, breakfast cereals and alternatives to menu options had been changed following this feedback from people who used the services.

The law requires providers send notifications of changes, events or incidents at the home to the Care Quality Commission and Teesdale Lodge had complied with this regulation.

The acting manager told us of various audits and checks that were carried out on medication systems, the environment, health and safety, care files, catering and falls. There had been a range of clinical audits developed based on the National Centre for Clinical Excellence published best practice. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. For example we saw that in dementia care that where a person may display behaviour that could challenge that the service should refer them to the specialist intensive community liaison team for support and this was clearly actioned. This showed the home had a monitored programme of quality assurance in place.

The registered provider also carried out monthly visits to Teesdale Lodge. We were provided with evidence of this and saw that they spoke with people who used the service, relatives and staff and looked at training, activities and maintenance among other things.

We saw evidence of community links for example some people who used the service had recently been to a local public house. The acting manager also told us about their recent cake baking to raise money for MIND. MIND is a mental health charity that provides advice and support to empower anyone experiencing a mental health problem.