HC-One Limited

Lothian House Care 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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 9 and 10 March 2016. The inspection was unannounced.

Lothian House is a residential care home based in Spennymoor, County Durham. The home provides personal care to older people and people with dementia. It is situated close to the Spennymoor high street, close to local amenities and transport links. On the day of our inspection there were 46 people using the service.

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

The atmosphere was homely with a family feel that was warm and extremely welcoming.
Without exception we saw staff interacting with people in a person centred and extremely caring way. We spent time observing the support that took place in the service. We saw that people were always respected by staff and treated with upmost kindness. We saw staff being considerate and communicating with people exceptionally well.

We saw that people were encouraged to enhance their wellbeing on a daily basis to take part in activities that encouraged and maximised their independence and also contributed positively to the homely atmosphere, peoples wishes and the day to day running of the kitchen and around the home.

End of life care was care planned extremely carefully and in plenty of advance so that the person and their families were 100% involved in all decisions about their care, needs, wants and spiritual wishes. The service was working towards the GOLD framework (a national training and end of life accreditation programme) and the service also had an established and committed end of life champion within the staff team.

We spoke with a range of different team members; care, senior, kitchen staff, and maintenance staff who told us they all felt well supported and that the registered manager was supportive, and they were all polite, receptive, open and approachable.
Throughout the day we saw that people who used the service, relatives and staff were comfortable, relaxed and had an extremely positive rapport with the registered manager and also with each other.

From looking at people's detailed care plans we saw they were written in plain English and in a person centred way and they also included a 'one page profile' that made excellent use of pictures, personal history and described individuals care, treatment and support needs. These were regularly reviewed by including family members and people. These plans were regularly updated by the care staff and the registered manager.

Individual care plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary, for example: their GP, continence advisor or chiropodist.

Our observations during the inspection showed us that people who used the service were supported by sufficient numbers of staff to meet their individual needs and wishes in a person centred way.

When we looked at the staff training records. They showed us staff were supported and able to maintain and develop their skills through training and unique development opportunities were accessible at this service. The staff we spoke with confirmed they attended a range of valuable learning opportunities. They told us they had regular supervisions and appraisals with the registered manager, where they had the opportunity to discuss their care practice and identify further mandatory and vocational training needs. We also viewed records that showed us there were robust recruitment processes in place.

We observed how the service administered medicines and how they did this safely. We looked at how records were kept and spoke with the registered manager about how senior staff were trained to administer medicine and we found that the medicine administering process was safe.

People were consistently actively encouraged to participate in numerous activities that were well thought out, organised, personalised and meaningful to them including, outings and regular entertainers. We saw staff spending their time positively engaging with people as a group and on a one to one basis in fun and meaningful activities. We saw evidence that people were not only being supported to go out and be active in their local community, but on holidays and they were also valued members of the local community.

We saw people were encouraged to eat and drink more than sufficient amounts to meet their needs. We observed people being offered a varied selection of drinks and fresh homemade snacks. The daily menu that we saw was reflective of people's likes and dislikes and offered varied choices and it was not an issue if people wanted something different.

We saw a complaints and compliments procedure was in place. This provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. The compliments that we looked at were overwhelmingly complimentary to the care staff, management and the service as a whole and particularly around end of life care. People also had their rights respected and access to advocacy services if needed.

We found an effective quality assurance survey took place regularly and we looked at the results. The service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues found. We found people who used the service and their representatives were regularly asked for their views about the care and service they received at meetings and via surveys.

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

This service was safe.

There were sufficient staff to safely cover the lay out of the building and the needs of the people using the service.

People's rights were respected and they were involved in making decisions about any risks they may take. The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again.

Staff knew what to do when safeguarding concerns were raised and they followed effective policies and procedures.

Medicines were managed, administered, reviewed and stored safely.

Is the service effective?

Good

This service was effective.

People could express their views about their health and quality of life outcomes and together with their relatives were involved in the planning of their care.

Staff were offered internal development opportunities and were encouraged to develop skills within chosen champion roles.

Staff were regularly supervised, appropriately trained with the skills and knowledge to meet people's assessed needs and choices.

The service understood the requirements of the Mental Capacity Act 2005, its Codes of Practice and Deprivation of Liberty Safeguards, and put them into practice to protect people.

Is the service caring?

Outstanding

This service was exceptionally caring.

People and their families were extremely valued and treated with the upmost kindness and compassion and their dignity was respected at all times.

People felt they were listened to, were understood and had their individual needs met, including needs around social isolation, age and disability.

People and their families were supported together to be open and develop advanced care plans for end of life care.

Staff attitude showed consistent concern for people's wellbeing. People had the privacy they needed at all times and their rights were respected.

The staff exceptional caring and respectful culture ensured that people were always supported to retain their independence and wellbeing as part of everyday living.

People had choices and had access to Advocacy services if they needed it and staff knew when and how to access this.

Is the service responsive?

Good

This service was responsive.

People received care and support that reflected their preferences, interests, aspirations and diverse needs.

People and those that mattered to them were actively involved and able to make their views known about their care, treatment and support.

People had a range of activities outings to access and holidays that everyone valued.

A robust complaints and compliments procedure was in place and used appropriately.

Is the service well-led?

Good

This service was well led.

The manager had a strong leadership approach that focussed on fairness and supported transparency and an open culture.

There was a clear set of values that focussed on person centre red approaches, involvement, compassion, dignity, respect, equality and independence, which were understood and

delivered by all staff.

There were effective quality assurance systems in place to review the service including safeguarding concerns, accidents/ incidents.

There were active community links and partnership approaches to tackling social isolation and inclusion.

Lothian House Care 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.

This inspection took place on 9 and 10 March 2016 and was unannounced. This meant that the service was not expecting us. The inspection team consisted of one Adult Social Care inspector.

At the inspection we spoke with six people who used the service, eight relatives, the registered manager, the deputy manager, care staff, the activities co-ordinator, kitchen staff and maintenance worker. During the inspection we were able to speak with visiting professionals including; an Advanced Nurse Practitioner, a Community Nurse and a Student Nurse.

Before we visited the service we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service; including; the local authority commissioners and no concerns were raised by these professionals.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we observed how the staff interacted with people who used the service and with each other. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given by the staff, by observing practices and interactions between staff and people who used the service.

We also reviewed records including; five staff recruitment files, medication records, safety certificates, five care plans and records, five staff training records and other records relating to the management of the

service such as audits, surveys, minutes of meetings, newsletters and policies.

Good

Is the service safe?

Our findings

The people who used the service that we spoke with told us they felt safe living at Lothian House. One person who used the service told us "Yes it's safe here." Another told us, "I sometimes refuse my tablets and the staff write it down. I take them now and the staff are nice about it and keep me safe."

The service had policies and procedures for safeguarding adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure that people were protected from abuse. Together with the comments we received during the inspection this showed us that people felt safe and were happy.

The staff we spoke with were aware of who to contact to make safeguarding referrals to or to obtain advice from. Staff told us that they had received safeguarding training within the last three years. They said they felt confident in whistleblowing (telling someone) if they had any worries. One staff member told us; "We have a dedicated whistle blowing number to call and if I saw something I would have no doubts at all I would report it, even if another staff member told me something I would report it." This showed us that staff were informed and confident to react to safeguarding issues.

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We saw that risk assessments were in place in relation to the people's needs such as; going out, nutrition, falls and skin care. One member of care staff we spoke with gave us an example of how they reduce risks and told us, " When [name] is setting the tables we make sure the floor is dry and make sure that everything is within easy reach." This meant staff had clear guidelines to follow to mitigate any potential risks.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of re-occurrence. The registered manager showed us this system and explained the levels of scrutiny that all incidents, accidents and safeguarding concerns were subjected to within the home. They showed us how actions had been taken to ensure people were immediately safe.

The five staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped employers make safer recruiting decisions and also prevented unsuitable people from working with children and vulnerable adults.

On the day of our inspection there were 46 people using the service. We found the layout of the home was spread over two floors. On each floor there were bedrooms which were personalised. The service also had shared lounge areas for people to use. On the ground floor there was a large dining area and a large lounge for everyone to access and both were used regularly for events and activities. On the first floor there were

two smaller lounge areas, a hair salon and a dining room and people could choose where they wanted to be.

We spoke with the registered manager about staffing levels, they told us they were using a dependency model and explained how this was calculated on a monthly basis but that they brought extra staff in when needed. They explained how the dependency tool worked out how many staff were required to care for people based on the numbers of people using the service and their needs. The registered manager gave examples of how this worked and how they had developed this themselves over time. The Registered manger told us; "I always make sure we have extra people in when someone new is coming in." they also told us; "I've arranged for one to one staffing on the planned holiday trip and we are doing two trips so everyone who wanted to go can."

During the inspection we observed the deputy manager and the senior staff administer medicines. We discussed all aspects of medicines with the deputy manager, who demonstrated a thorough knowledge of policies and procedures and a good understanding of medicines in general. We saw that the controlled drugs cabinet was locked and securely fastened to the wall. We saw the medicine fridge daily temperature record. All temperatures recorded were within the 2-6 degrees guidelines. We saw the medicine records which identified the medicine type, dose, route e.g. oral and frequency and saw they were reviewed monthly and were up to date. We audited the controlled drugs prescribed for two people; we found both records to be accurate. Controlled Drugs which are medicines which may be at risk of misuse were checked at the handover of each shift.

We saw that medicines for return to the pharmacy were disposed of in storage bags in the ground floor treatment room and there was a separate area in the first floor treatment room. The ground floor treatment room was very full and appeared crowded and staff told us they struggled with space in there when they had a lot of returns. The senior member of staff explained that the pharmacy was coming that day to collect the returns. When we spoke with the registered manager about the storage issue and they stated they would be making changes to the room.

We saw that within the MAR (medicines administration record) there was a person centred approach that stated clearly exactly how the person liked to receive their medicine for example '[name] likes to have orange juice to take tablets and likes them to be given from a cup.' This showed us that there was time spent valuing peoples preferences when it came to administering medicines in a personalised way.

We saw there was evidence of sample signatures of staff administering medicines. There was also a copy of the home's policy on administration, and 'as and when required' medicine protocols. These were readily available within the MARs folder so staff could refer to them when required. Each person receiving medicines had a photograph identification sheet and preferred method of administration documented. We observed that one person's topical medicine had not been recorded regularly. We brought this to the manager's attention who assured us that they would be addressing this through their audit process with the staff.

We found there were effective systems in place to reduce the risk and spread of infection. We found all areas including the laundry, kitchen, bathrooms, lounges and bedrooms were clean, pleasant and odour-free. Staff made use of protective clothing and equipment and were trained in infection control.

The service had a Health and Safety policy that was reviewed and up to date. This gave an overview of the service's approach to health and safety and the procedures they had in place to address health and safety related issues. We also saw that a personal emergency evacuation plan (PEEP) was in place for people who used the service. PEEPs provided staff with information about how they could ensure an individual's safe

evacuation from the premises in the event of an emergency.

We saw records of maintenance and monthly health and safety checks for the equipment used in the home to support this. We also saw records of other routine maintenance checks carried out within the home. These included regular portable appliance testing (PAT) checks of electrical equipment, water temperatures, room temperatures and cold water storage. This showed that the provider had in place appropriate maintenance systems to protect staff and the people who used the service against the risks of unsafe or unsuitable premises or equipment.

Regular fire alarm testing was carried out in the home and we saw the records that recorded this along with; fire door checks, escape routes, fire extinguisher checks and emergency lighting testing. The service was working together with the fire service to ensure the storage of fire extinguishers was done safely and this was being addressed.

Good

Is the service effective?

Our findings

Throughout this inspection we found there were enough skilled and experienced staff to meet people's needs. One person who used the service told us, "The staff here all go on training and they know what they are doing." One relative told us, "The staff are first aiders and they have a champion scheme and it's up on the wall so you can see who does what."

The service had developed a successful 'champions scheme' that developed staff to research and lead on a subject area. The champions provided support and training to their peers and were responsible for updating them on any new information, equipment or legislation. The champion areas covered; mental capacity and DoLs, infection control, dignity, safeguarding, health and safety, falls, moving and handling and fire safety. The successful champion's scheme had various impacts on the people who used the service and their families and examples given were; the end of life care champion had enabled staff to be more informed. This meant they were comfortable in approaching people and their families to get the right information to incorporate their wishes and plans for their end of life care. Another example was the mental capacity act/DoLS champion had improved the team's awareness so that they could explain and simplify this to families so that they don't become anxious. We saw that there was easy read information on display and photos of the champions and their topic area throughout the service for people and their families to see. Due to the success of the champion's scheme at Lothian House the company have commissioned a project across their other services to drive up quality and improve outcomes for people. The registered manager told us; "A key aspect of the project is looking at how we as a company can use the learning from the champions scheme to create a specific programme of work for each home to be able to grow, develop and utilise champions to share learning and improve outcomes for our residents across different aspects of their lives."

To promote the champions scheme the service had recently held an informative 'champions day' event. Relatives, partnership organisations, the local Mayor and other stakeholders attended the event. The day involved the people who used the service on the stalls too and was all about promoting the champions individual responsibilities and to share learning and inform every one of their themed role. Each champion set out their stall with accessible information, case studies, photographs, scenarios, quizzes, discussion topics, free items and relevant policies. When we spoke with care staff they told us; "We held the champion day to promote and share our individual roles, mine is DoLs. The Mayor came along and supported us" The event was well attended.

The service had made the environment more accessible for people living with dementia. The service did this by making adjustments using contrasting colours in hallways, clear signage on bathroom/toilet doors and colour schemes in rooms to make them more easily identifiable. People who wanted them had memory boxes outside their rooms that held photographs to help people to identify their rooms along with some life history information. Along the hallways there were also tactile decorations and points of interest and notice boards that people would stop to look at.
The registered manager told us of their plans to further improve the hallways and communal areas by introducing painted murals to create an even more stimulating environment. The registered manager had

already commissioned a local artist to carry out this work. At the time of our inspection the artist was carrying out engagement work with people who used the service using pictures and questionnaires to generate ideas for the mural based on local history and interests.

When we spoke to people's relatives they told us how the service cared for their relatives who were living with dementia and how the service impacted on them and their family. One relative told us; "[name] has dementia, but the staff don't leave them out at all. [name] loved gardening so the staff take her out to the garden where she can be involved and to the garden centre. Also on memory lane trips. The place and the staff really stimulate them. My family wouldn't be here without this place." This showed us that the service was making improvements on a regular basis to enhance the quality of life for people living with dementia.

Where possible, people were asked to give their consent to their care, before any treatment and support was provided by staff. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals. During the inspection we looked at five people's care plans and could see people gave consent to receive care and they had signed consent forms. One person who used the service told us, "I have a care plan, it's all about me and the staff always ask me first for my permission."

During the inspection we spoke with the visiting Advanced Nurse Practitioner who visited the service regularly and they told us, "The staff here have a good knowledge of long term conditions for example COPD (Chronic obstructive pulmonary disease) and dementia and appear to be well trained. Staff are happy to ask questions if they're not sure, they ask us to clarify things for them which is good and they regularly call the mobile for advice."

We saw records that showed us a wide range of community professionals were involved in the care and treatment of the people who used the service, such as the advanced nurse practitioner, dieticians, speech and language therapy and opticians. Evidence was also available to show people were supported to attend medical appointments. The advanced nurse practitioner told us; "The staff have worked closely with us to devise an emergency health care plan for people that will identify any long term conditions and how we would treat those if anything went wrong. This helps us to manage any unnecessary admissions to hospital and gives the care staff an idea when to contact emergency services, us or the GP. It gives us a better communication system." This meant that the service communicated and worked well with partnership healthcare professionals.

For any new employee, their induction period was spent shadowing more experienced members of staff to get to know the people who used the service before working alone. New employees also completed the 'Care Certificate' induction training to gain the relevant skills and knowledge to perform their role. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life and it covers minimum standards that should be part of induction training of new care workers. Staff had the opportunity to develop professionally by completing the range of training on offer. Training needs were monitored through staff supervisions and appraisals and we saw evidence of this in the staff supervision files.
To support training the service ran an 'ambassadors scheme' the service had two members of staff who were 'training ambassadors' who's role was to support people with additional learning needs. The scheme began when the service identified that people learn in different ways and at different rates and could struggle with certain aspects of the induction process. The ambassadors are in place to support people with their area of need and to help people understand their barrier to learning. The registered manager told us; "In the past some staff have struggled with IT or have never used a computer, others have known what they want to say but found difficulty in writing it down and the less experienced staff who are new to care work

have struggled with the knowledge aspect. Staff that were identified as having difficulties with the induction have been given one to one coaching by an ambassador or the training champion as extra." In addition to the ambassador support individuals were also given extra time to complete their induction. This showed us the service's commitment to staff learning and extra support for new staff to ensure they are inducted successfully.

We saw the staff training files and the training matrix that showed us the range of training opportunities taken up by the staff team to reflect the needs of the people who used the service. The courses included; catheter care, diabetes awareness, stoma care, managing behaviour that challenges, use of thickening agents, end of life care, medicine, dignity and person centred approach to dementia care, food safety and vocational training for personal development. We could also see that staff had started their NVQ (National Vocational Qualification) Level two and three in health and social care. The registered manager told us; "We offer both face to face and 'touch training' (online) for our staff as well as further development opportunities." There were development opportunities within the service for care staff to work towards either in senior roles or as a nursing assistant that could develop further.

We saw staff meetings took place regularly. During these meetings staff discussed the support they provided to people and guidance was provided by the registered manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. The meetings covered the following on a regular basis; safeguarding, standards, staff attitude, training and customer care.

Individual staff supervisions were planned in advance and tracked the registered manager had a clear record of who had received their supervision. Appraisals were also carried out annually to develop and motivate staff and review their practice and behaviours. From looking in the supervision files we could see the format of the supervisions gave staff the opportunity to raise any concerns and discuss personal development.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. Throughout the inspection we observed people being offered a selection of drinks and fresh homemade snacks and support to have them if needed. Drinks were also out in people's rooms and jugs of juice were out in communal areas for people to access. The menu that we looked at was balanced and offered two choices at every meal and was compiled with the people who used the service to reflect their favourite meals. We could see that if a person didn't want what was on the menu or even changed their mind that this wasn't a problem and other options could be arranged. One person who used the service told us "I enjoy the food but I like to eat in my room or on my own and that's not a problem."

We saw people enjoying their lunch in both dining rooms. We could see that there were enough staff available to support people and staff were encouraging and supporting people who needed assistance. The atmosphere in the dining area was relaxed with music playing and the people were giving positive feedback. One person told us, "The food is brilliant; I always get what I like."

From looking at people's care plans we could see that the MUST (Malnutrition Universal Screening Tool) focus on undernutrition was in place, completed and up to date. Food and fluid intake records were used when they were needed. We saw that special diets were managed. We asked the kitchen staff if they took on board people's preferences and they showed us the feedback forms that people had completed that gave both positive and critical feedback. The kitchen staff told us, "I chat to the residents and their families about the menus and we make changes, people didn't like cous cous, we have found that people prefer traditional foods, one person likes sweet and sour so we make that for them."
We saw that within the compliments about the home that the food was mentioned on several occasions

including the following; 'I have only lived in Lothian House for a short while and the standard of care is very good. You are given a varied choice at meal times and being a diabetic the kitchen staff go above and beyond their roles to make sure I get a suitable diet.'

We saw that people's weight was managed and was recorded regularly. Where supplements or other changes to diet were required this was also recorded individually. There were people receiving supplements and these were recorded effectively. When we asked the kitchen staff how they managed this they showed us how they were given a list of people's weights and who needed supplements. We observed the snack trolley being prepared and were shown how the fortified drinks were made, we also saw that pureed food was presented in a way that was attractive. The kitchen staff told us; "I feel upset and responsible if people lose weight and I try my best to find other things that people like." This showed us that the kitchen staff communicated well with the rest of the team and had knowledge of individual people's likes, dislikes and nutritional needs.

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.

There was a number of people who used the service who needed a DoLs in place and applications had gone to the local authority for processing at the time of our inspection. We also saw in the staff training matrix that staff had received training on DoLs and the MCA. We asked staff about their understanding of DoLS and one care staff member told us, "Each member of staff has to assume that each resident has capacity unless it's been proven otherwise and that is in their care plans or any best interests meetings. When a DoLs is authorised it will be passed on at the handover." This meant that staff understood their role regarding DoLS.

Outstanding ☆

Is the service caring?

Our findings

When we spoke with the people who used the service and their relatives everyone consistently told us about the positive and person centred attitude of the staff and that the staff were without exception; extremely caring, empathetic, supportive and professional at all times. One person who used the service told us; "The care staff make this place the very best. Even if I rang my buzzer 100 times a night they would still come. I can ask for a cuppa at 2am if I want one and they will get me one at any time, it's never any trouble." One relative told us, "The staff are all absolutely, tip top, first class and couldn't be more helpful to my relative or me."

Without exception we saw staff interacting with people in a person centred, positive, encouraging, caring and professional way. We spent time observing the support that took place in the service. We saw that people were respected at all times by staff and treated with the up most kindness. We observed staff treating people in a dignified way that was also respectful. We saw staff communicated with people exceptionally well and we witnessed one situation where a person was getting particularly distressed. During the observation the staff were extremely patient and were able to sooth the person and calm them down. By calming the person the staff then reassured them and this was all done by reacting in the appropriate way for that person to defuse the situation with ease and have a better outcome for the person.

When we spoke with relatives we asked them how the staff treated them and their family members. One relative told us; "The staff take care of people so well. When we first came here we were dubious and we felt guilty, the staff soon helped us to get over that and it was like a weight had been lifted."

We saw that the service had a 'key worker' system in place that enabled staff to build key relationships with them and ensure that they had one to one time with them.
The service also had a scheme called 'resident of the day' this ensured that care plan reviews and extra focus was on them that day in addition to the regular service. We discussed the 'resident of the day' scheme with the registered manager who told us; "The resident of the day scheme was introduced to help us to focus on that person in more detail that day and it is a whole team approach. That day the person will have their room deep cleaned, room safety checks done by the maintenance worker, one to one time with the activities co-ordinator, me the manager and also the kitchen staff."

The registered manager then gave us some examples of how the 'resident of the day' scheme impacts on people and they told us; "When it is [name] turn the staff will see if they want to go into town that day and more often than not they will go that day or plan it for another day. One time when it was [name] we discovered they were the only one in the home that liked sweet and sour chicken because the majority of people disliked it we changed the menu and now [name] has their own sweet and sour made and everyone else has casserole. The activities co-ordinator will have a one to one activity session with the resident of the day and also get their feedback on the activities for example [name] chooses not to join in with activities but will enjoy another one to one chat about mining history that day. They recently gave us feedback and told us that 'I chose not to join in activities but I enjoy that the activities girl comes to me' the activities co-ordinator then records the discussions and if someone requests something different then it can be followed through."

This showed us that the 'resident of the day' scheme enabled the staff to provide a focussed service that reflected on outcomes for people.

The staff were highly motivated to try new ways to support people and knew the people they were supporting very well and had good relationships with them. We saw how this was reflected on a day to day basis; one person who used the service who particularly wanted to be kept busy around the home and they were supported to set the tables in the dining room every meal time, collect the daily newspapers and help out in the kitchen to bake the snacks as this is what they found they wanted to do and really enjoyed doing. Their relative told us; "[name] can get depressed and will just spend hours lying in bed if she's not kept busy, she's used to being busy and pottering around and all the little jobs she does helps." This showed us that the service used their imagination to support someone to maintain their wellbeing and their independence.

We looked at the arrangements in place to ensure equality and diversity and support people in maintaining important relationships. People who used the service told us they had been supported to maintain relationships that were important to them. They told us family and friends were able to visit, at any time. Family visitors were also able to have a meal with their family members if they so wished. One person who used the service told us; "The staff and the manager are good with my family." A relative told us; "I really look forward to visiting, it's just like one big family."

We observed that the staff 100% respected people's dignity and the staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for at all times and told us that this was an important part of their role. One staff member told us; "We always respect people's dignity - it's a must. We close doors and protect peoples dignity." One person who used the service told us; "The staff always knock and ask first they never just come barging in." the Advanced nurse practitioner told us; " I'm always given confidential areas for consultation- staff don't shout people's names across the dining room, they wait and they respect that person and their privacy when I'm here to see them."

We spent time observing people throughout the inspection and there was a consistent relaxed, warm homely atmosphere. Through these observations we found that above everything in the service the staff attitude shone. The visiting district nurse told us, "It really doesn't feel like a care home, everyone knows everyone really well, it's clean and has a lovely atmosphere. I like how every time I come in there's always staff spending time chatting with people and there's always something stimulating going on for people. The staff are really patient and so caring with everyone." All of this showed us that people and those that mattered to them were supported by staff in a very caring, dignified way.

We saw that there were notices up for visitors and people who used the service to see that held the relevant information for advocacy and befriending schemes. At the time of our inspection no one was using an advocate and when we discussed advocacy with the registered manager they told us "Yes we have one person who did have an advocate and they were attending a mental health support group too and the advocate was involved in their support planning. The person now chooses not to have the advocate any more. People also attend a memory group for support that is set up by the carers association locally." This showed us that the service encouraged people to express their rights and choices.

During our inspection, we saw in people's care plans that people were always given choices and support when making decisions about their preferences for end of life care. In people's care records we saw they had made advanced decisions about their care regarding their preferences for before, during and following their death. This meant people's physical, emotional and spiritual needs were being met, their comfort and well-being attended to and their wishes respected. One staff member told us; "We really are person centred and I'm passionate about end of life care. It's one of the most important things that can happen in your life. We

do the advanced care plans so that we know what people really want for example the church to be involved or not, we do support people who are atheist or have other follow other religions and we reflect that in the plans in case they lose their capacity. We keep the family involved every step of the way so that it's not a huge shock sometimes it's the simple things like plenty of tissues, tea and biscuits. We also have to support each other especially with introducing some of our younger staff who hasn't dealt with death." This showed us that the staff attitude towards supporting end of life care was supportive of families and each other and committed.

At the time of our inspection there was one person in receipt of palliative care. The advanced nurse practitioner told us; "The staff are really good at looking at people as a whole and getting people reviewed for pain relief and preventative care." The visiting district nurse also told us; "The end of life communication from the staff is just excellent, the staff are straight on the phone to us and the GP. The staff are really well trained in this and they can recognize end of life symptoms." One relative who had experienced this support for their relative told us; "The staff have really gone out of their way to make [name] comfortable. They really know what [name] likes and they always have the CD player on in the room how [name] likes it. I can come in whenever I want and the staff has empathy they have given me plenty of support and tissues. The staff have even come in on their day off to help mum, or bring in her favourite chocolates. Which they didn't have to do but I think it shows how much they care and how they will go the extra mile." This showed us the commitment that staff had to their role and how they could go the extra mile to support people and their families.

End of life care was planned so that the person and their families were able to be involved in all decisions about their care and wishes at this time. The service had an extremely committed and very empathetic End of Life champion within the staff team who was leading on training working towards gaining accreditation with the GOLD framework. This provides standards in palliative care and training for all staff. We saw that every person who had received end of life care at the service had a comprehensive plan that evidenced how the person and family had been supported to ensure any advance decisions, and needs such as communication, spirituality, pain and symptom management had been met. This end of life care was also reviewed with the family in a sensitive way after the passing of the person to ensure any improvements could be made to the system or processes. This showed the service was caring and open in ensuring people were supported in a holistic way at the end of their life.

Good

Is the service responsive?

Our findings

The service had an activities co-ordinator and a programme of planned events and activities. During our inspection we could see there were pre planned activities going on and we observed people taking part in gentle chair exercises as a group and baking as a one to one. We spoke with people about the activities and one of the people who used the service told us; "I like it when the singers are on they're the best and that's my favourite." Another told us; "We went to Scarborough for fish and chips and Eden Camp we saw a film about the war there."

We saw that people were involved in planning the activities and regular resident's meetings were held to discuss and organise them. We could see that there was a range of activities planned for people to choose from including: bingo, holidays, arts and crafts, baking and entertainers. The people who used the service and the staff told us about the relationship they had with the local community and how they visited the local shops and various support groups. This meant people were protected from social isolation and were encouraged to be involved as part of their community.

When we spoke with the activity co-ordinator they told us how they involved people in the planning of the sessions and how they engaged people and they told us; "We have regular residents meetings and we have a list of activities but we don't always stick to it, we see how people feel. We go out every week somewhere, we have just been to Blackpool to see the lights and we go to the shops regularly. I love my job when I see the smiles on people's faces because they are enjoying what we are doing it's infectious. We invite the mayor when people have a big birthday." We asked the activity coordinator how they would involve people who were reluctant to take part or unable to and they told us; "Some people like to stay in their rooms or have to for care and there are some people who don't want to join in. I go to them and I read them newspapers, the local newsletters, hand massage, we talk and play music." This showed us that the service was committed to offering stimulating activities that were meaningful to people.

As well as group activities people were supported and encouraged to be individuals and to take part in activities that they enjoyed and what made them happy. One person told us; "The lending library comes too and brings me the books I like. I like true stories" One person who used the service was interested in IT and they had a computer set up for them in the dining area and they would spend lots of time there enjoying the internet. Another enjoyed helping out around the home laying tables and tidying up. This showed us that the service had a person centred approach to supporting people to do the things that they liked doing in an individualised way.

The care plans that we looked at were person centred and were in an easy read format. The care plans gave in depth details of the person's likes and dislikes, risk assessments and daily routines. These care plans gave an insight into the individual's personality, preferences and choices. The care plan held a 'one of a kind one page profile' that listed all that you would need to know to care for that person in a person centred way. People's histories were also recorded in the care plans in a 'my life' document that was easy to follow and included photographs. One relative told us; "We sat down with the staff and [name] and did their life history

together."

We saw people were involved in developing their care plans. We also saw other people that mattered to them, where necessary, were involved in developing their care, treatment and support plans. We saw that people's care plans included photos, pictures and were written in plain language. One relative told us; "We are involved in the care plan, we come to the review meetings we are involved in everything from tights to medication and kept informed. If I needed to know any more I know I can just ring. If there are any changes, they are in touch, there are good at noticing changes."

We found that people made their own informed decisions that included the right to take risks in their daily lives. One person who used the service told us "I pop across to the shop and I know now that I need the staff to come with me in case I fall. They always take me over when I ask."
When we asked the staff if they knew how to manage complaints they told us; "If I or a person wanted to complain then I would direct them to the manager or if they weren't here then the deputy." When we asked the people who used the service about complaints they all know the process and were aware of the residents meetings. One person told us; "I go to the residents meetings all the time, sometimes I don't say much but I can find out what's going on. The staff are always asking us if we want to complain and I have nothing to complain about."

We could also see that issues raised by relatives in the resident's meetings were taken on board. This showed us that the complaints procedure was well embedded in the service and staff and visitors were confident to use it when needed. When we looked at the complaints and compliments file we found that there were a number of compliments that the service had received and one complaint. The registered manager told us "I always talk it through with the staff. I also print off any compliments and read them out for the staff." They then talked us through their process including; how they had reacted to and recorded complaints, held meetings to communicate with staff and how the complaint was monitored and the changes that were put in place following the outcome of the complaint. This showed us that the registered manager had an effective monitoring system in place and was able to use the complaints procedure to improve the service.

When we spoke with the manager about how people were involved in the service they told us how people were included in the staff recruitment process and they told us; "When we interview people we do a walk around the home with them and we include the people to make observations and then tell us what they think and they also take part in the interviews." This showed us that people were included and their views valued in the recruitment process.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager who had been in post in for over five years. A registered manager is a person who has registered with CQC to manage the service. One member of staff told us; "The manager is good, people have left and then come back again. You can go to her with an idea or to manage your problems – you go to her and she will help you. I if you want something, if you ask then she will do her best to get it for you."

During the inspection we spoke with staff members, people who use the service and their relatives and everyone was complimentary about the registered manager and said they were in touch with the staff and residents kept informed about matters that affected the service by them. One person who used the service told us "I've never known a boss like [name] when the staff haven't finished jobs then the manager will, I've seen her with the hoover helping out."

Staff told us that staff meetings took place for them on a regular basis and that they were encouraged by the registered manager to share their ideas and views. We saw records to confirm this. We could see that they were regular and well attended and that staff were asked for their views.

The registered manager was qualified, competent and experienced to manage the service effectively. We saw there were clear lines of accountability within the service and with external management arrangements with the provider. We saw up to date evidence of inspection records from the company's head office covering; people who used the service, their views/concerns, staffing, suggestions for improvement, meals, complaints, accident and incident analysis, maintenance records, fire safety, admissions, care plans, and social activities.

We saw that the registered manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have. The registered manager showed how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare, and safety.

We saw there were arrangements in place to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service was delivered. For example, the service had an effective quality assurance and quality monitoring system in place. These were based on seeking the views of people who used the service, their relatives, friends and health and social care staff who were involved with the home. The registered manager held regular 'management surgeries' the registered manager told us; "I make myself available all the time and I come in out of hours one night a month and family come in to speak to me."

We discussed partnership working to tackle social isolation with the registered manager and they explained to us how they maintained links with the local community and they told us; "We go to a local singing group

and we go to watch them perform too. We have two holidays booked for people to go to Blackpool and last time people went to The Lakes. It is organised in two groups so that people can go and have that one to one time."

The complaints records that we looked at provided a clear procedure for staff to follow should a concern be raised. We saw there had been one recent complaint made and there was evidence that the registered manager had investigated, recorded the complaint and responded appropriately.

We saw the system for self-monitoring included regular internal audits such as accidents, incidents, building, fire safety, control of substances hazardous to health (COSHH), fixtures and fittings, equipment and near misses.

From speaking with staff and observing them we could see that the service had a clear vision and set of values that included; involvement, compassion, dignity, promoting independence, respect, equality and safety. These were understood and consistently put into practice. The service had a positive culture that was person-centred, open, inclusive and empowering.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined- up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met such as, Department of Health, Local Authorities and other social and health care professionals. This showed us how the service sustained improvements over time.

We looked at the processes in place for responding to incidents, and accidents. These were all assessed by the registered manager; following this a weekly report was sent to the head office for analysis along with the registered manager's weekly report on the progress of the home. We found the provider reported safeguarding incidents and notified CQC of these appropriately.

During the inspection we saw copies of the most recent quality assurance survey results and these were also on display through out the service for people to see in easy to follow charts that highlighted the outcomes. When we spoke with relatives they were aware of the process and told us; "Yes so far we have had two questionnaires to give our view and we are invited to the meetings to discuss."
We saw all records were kept secure, up to date and in good order, and were maintained and used in accordance with the Data Protection Act.