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Marsden Grange

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

Summary of findings

Overall summary

We carried out a comprehensive inspection of Marsden Grange on 30 and 31 August and 4 September 2018. The first day was unannounced.

Marsden Grange is registered to provide accommodation and personal care for up to 40 older people. Accommodation is provided in two separate buildings. One is the main house which accommodates 23 people over two floors and the other is a separate single storey building called Pendle Suite, which accommodates 17 people. At the time of our inspection there were 34 people living at the home.

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

At the last inspection on 28, 29 and 30 June and 7 July 2017, we found three breaches of the regulations. These related to the provider's failure to assess and take appropriate action to reduce people's risks, failure to comply with the Mental Capacity Act 2005 and a failure to monitor and improve the quality and safety of the service. Following our inspection, the provider sent us an action plan and told us that all actions would be completed by 31 October 2017.

At this inspection we found that the necessary improvements had been made and the provider was meeting all regulations reviewed.

We received mixed views about staffing levels at the service. Most people felt that there were times when the service was short staffed. The registered manager told us she had struggled to maintain appropriate staffing levels in recent months due to staff sickness, retirement and staff leaving. She showed us evidence that she had recently recruited two members of staff and was in the process of recruiting more staff to ensure that people's needs were met at all times.

Most people felt that activities at the home needed to be improved. We saw evidence that the registered manager had recently sought people views and suggestions about activities and improvements were being made.

Records showed that staff had been recruited safely and the staff we spoke with understood how to protect people from abuse or the risk of abuse.

Staff received an effective induction and appropriate training. People who lived at the service and their relatives felt that staff had the knowledge and skills to meet people's needs.

People told us the staff who supported them were caring and respected their right to privacy and dignity. They told us staff encouraged them to be independent and we saw evidence of this during the inspection.

People received support with nutrition and hydration and their healthcare needs were met. Referrals were made to community healthcare professionals to ensure that people received appropriate support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice. Where people lacked the capacity to make decisions about their care, the service had taken appropriate action in line with the Mental Capacity Act 2005.

People told us that they received care that reflected their needs and preferences and we saw evidence of this. Staff told us they knew people well and gave examples of people's routines and how they liked to be supported.

Staff communicated effectively with people. People's communication needs were identified and appropriate support was provided. Staff supported people sensitively and did not rush them when providing care.

The registered manager regularly sought feedback from people living at the home and their relatives about the support they received. We saw evidence that she used the feedback received to develop and improve the service.

People living at the service, relatives and staff were happy with how the service was being managed. They found the registered manager and staff approachable.

A variety of audits and checks were completed regularly by the registered manager and the service provider. We found that the audits completed were effective in ensuring that appropriate levels of quality and safety were being maintained at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Most people who lived at the home felt there were times when it was short staffed. We saw evidence that the registered manager was addressing this issue and was recruiting additional staff.

People's risks were managed appropriately and their care documentation was updated when their needs or risks changed.

The manager followed safe recruitment practices when employing new staff, to ensure they were suitable to support people who lived at the home.

There were appropriate policies and practices in place for the safe administration of medicines.

Is the service effective?

Good

The service was effective.

People's capacity to make decisions about their care had been assessed in line with the Mental Capacity Act 2005. Applications had been submitted to the local authority when people needed to be deprived of their liberty to keep them safe.

Staff received an appropriate induction, effective training and regular supervision. Most people felt that staff had the knowledge and skills to meet their needs.

People were supported appropriately with their nutrition, hydration and healthcare needs. They were referred appropriately to community healthcare professionals.

Is the service caring?

Good

The service was caring.

People liked the staff who supported them. They told us staff were caring and kind. We observed staff treating people with respect and kindness.

People living at the home and their relatives told us staff respected their right to privacy and dignity. We saw staff involving people in everyday decisions about their care.

People told us they were encouraged to be independent. Staff told us they encouraged people to do what they could for themselves.

Is the service responsive?

Good

The service was responsive.

Some people felt that activities at the home were limited and could be improved. We saw evidence that some recent improvements had been made and further improvements were planned.

People received individualised care that reflected their needs and preferences. Staff knew the people they supported well.

People's needs and risks were reviewed regularly and care records were updated to reflect any changes. This meant that staff had up to date information to enable them to meet people's needs effectively.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager in post who was responsible for the day to day running of the home. People who lived at the home, relatives and staff felt the home was managed well.

Regular staff meetings took place and staff felt able to raise any concerns with the registered manager and the deputy managers.

The registered manager and service provider regularly audited and reviewed many aspects of the service. The audits completed were effective in ensuring that appropriate levels of care and safety were being maintained at the home.

Marsden Grange

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 was a comprehensive inspection.

The inspection took place on 30 and 31 August and 4 September 2018 and the first day was unannounced. The inspection was carried out by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, including previous inspection reports, safeguarding concerns and notifications we had received from the service. A notification is information about important events which the provider is required to send us by law. We contacted two community healthcare professionals who were involved with the service for their comments. We also contacted Lancashire County Council contracts team and Healthwatch Lancashire for feedback about the service. Healthwatch Lancashire is an independent organisation which ensures that people's views and experiences are heard by those who run, plan and regulate health and social care services in Lancashire.

During the inspection we spoke with six people who lived at the service and three visiting relatives and friends. We also spoke with three care staff, the kitchen manager, the two deputy managers, the registered manager and the service provider. We looked in detail at the care records of three people who lived at the service. In addition, we looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, audits of quality and safety, fire safety and environmental health records.

Good

Is the service safe?

Our findings

At the last inspection in June and July 2017, we found that people's risks had not always been managed appropriately. For example, people who had experienced significant weight loss had not been referred to their GP or the local dietitian service for review. In addition, some people's care plans and risk assessments had not been updated appropriately when their needs risks had changed. For example, when they had lost weight or when they had fallen.

At this inspection we found that improvements had been made. We found that risk assessments were in place including those relating to falls, moving and handling and nutrition and hydration. Assessments included information for staff about the nature of the risks and how staff should support people to manage them. They were updated regularly. Any changes in people's risks or needs were documented and communicated between staff during shift changes. This meant that staff were able to support people effectively. The registered manager had introduced the Malnutrition Universal Screening Tool (MUST), which provided staff with clear guidance about the action to take when people experienced weight loss. Records showed that staff were completing the tool regularly and were taking appropriate action, including referral to the local dietitian service when weight loss was significant.

Records had been kept in relation to accidents that had taken place at the service, including falls. We found that appropriate action had been taken to manage people's risks, including referrals to their GP and the local Integrated Therapy Team, who provide support with falls management. Sensor mats were also in place to alert staff if people who were at a high risk of falls tried to move independently. A monthly falls summary was kept and reviewed by the registered manager to identify any patterns or trends and to ensure that appropriate action had been taken. We noted that people's care plans and risk assessments had been updated appropriately following a fall. This helped to ensure that people's risk of falling was managed appropriately.

People we spoke with told us they felt safe at the home. One person commented, "There's always someone keeping an eye on you. Makes you feel safe". Relatives also felt that people received safe care.

We received mixed feedback from people about staffing arrangements at the service. Most people living at the home and visitors felt there were times when there were not enough staff on duty to meet people's needs. One person commented, "I think they're overworked". One relative told us, "[Relative] says sometimes they're short staffed". Three of the six people we spoke with told us staff attended to them promptly when they needed support. One person commented, "I wait until someone has time to come. Usually it's not many minutes". However, three people told us they sometimes experienced delays. One person commented, "I press the buzzer, it can be three minutes to half an hour or even more, but not often".

We reviewed the staffing rotas for three weeks, including the week of our inspection, and found that the staffing levels set by the service had not been met on a number occasions. We discussed this with the registered manager who acknowledged this. She told us that she had experienced difficulty achieving the required staffing levels in recent months, due to one member of staff retiring, one being on maternity leave,

another being long term sick leave and another leaving. She showed us evidence that two staff had recently been recruited and told us that she was in the process of recruiting an additional three staff. She assured us that this would enable her to achieve the appropriate staffing levels at all times. We noted that the registered manager had increased staffing levels early in the morning and evening following our last inspection, as she had identified these as busy times when more people needed support.

The staff we spoke with felt that the staffing levels set by the home were appropriate to meet people's needs and told us that when they were fully staffed, people did not wait long for support. One staff member commented, "Staffing levels are not too bad. You're not rushed off your feet". One staff member told us it was sometimes difficult to get cover when staff phoned in sick at short notice. The registered manager told us she planned to recruit additional bank staff to cover situations like this.

We looked at how people's medicines were being managed at the home. A medicines policy was available which included information about administration, storage, disposal, refusals and errors. The policy needed to be updated to reflect current guidance and the registered manager told us this would be completed as a priority. We found that temperatures where medicines were stored were checked daily. This helped to ensure that the effectiveness of medicines was not compromised. All staff who administered medicines had completed training in medicines management and their competence to administer medicines safely had been assessed.

We observed a member of staff administering people's medicines on the second day of our inspection and found that this was done in a safe and sensitive way. We reviewed people's Medication Administration Records (MARs) and found that staff had signed to demonstrate when people had received their medicines or had documented why medicines had not been administered. Records showed that medicines documentation and stock was audited monthly by the deputy manager and compliance levels were high. We saw evidence that action had been taken where improvements were needed, for example where staff had not signed the MAR to demonstrate that medicines had been administered. We noted that the East Lancashire Clinical Commissioning Group (CCG) Medicines Management team had visited the home in June 2018, to review people's medicines and audit the medicines practices at the home. Some areas for improvement had been identified and an action plan was in place. The deputy manager showed us evidence that at the time of our inspection, most of the improvements had been made.

We looked at the arrangements in place for protecting people from the risks associated with poor infection prevention and control. Domestic staff were on duty on both days of our inspection and we observed cleaning being carried out. Daily cleaning schedules were in place. The home had an infection control champion who attended regular meetings arranged by the local CCG. This helped the home stay up to date with good practice. We noticed an odour in one area of the home on the first day of our inspection but found the home to be odour free on the second and third day. People living at the home told us it was clean. One person commented, "My mattress is turned once a month and my bed is always clean". Another told us, "The bedding is changed every day. I always have clean clothes and nighties". We noted that the service had been given a Food Hygiene Rating Score of 5 (Very good) in March 2017.

People told us staff supported them regularly with their personal hygiene needs. One person told us their choices about washing and showering were being restricted. We discussed this with the registered manager, who explained that this was due to the person's risks and she would discuss it with the person's physiotherapist the next time they visited.

A safeguarding policy was available and records showed that staff had completed safeguarding training. One staff member was a safeguarding champion, which meant that they attended regular safeguarding

meetings and events held by the local CCG and passed any updates onto staff. The staff we spoke with understood how to safeguard adults at risk and how to report any concerns. Three safeguarding concerns had been raised about the service in the previous 12 months. Following investigation by the local safeguarding authority, two had been unsubstantiated and one was found to be inconclusive. The registered manager told us that if any safeguarding concerns were substantiated, the outcome and any recommendations would be shared with staff to ensure that lessons were learned.

The service had a whistle blowing (reporting poor practice) policy which the staff we spoke with were aware of. They told us they would use it if they had concerns, for example about the conduct of another member of staff.

We found that records were managed appropriately at the home. People's care records were stored on each unit in a locked cupboard, with the keys held by the person in charge. Staff members' personal information was stored securely in a locked cabinet in the registered manager's office and was only accessible to authorised staff.

We looked at the recruitment records for two members of staff and found the necessary checks had been completed before they began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, proof of identification and two references had been obtained. These checks helped to ensure that staff employed were suitable to provide care and support to people living at the home.

Records showed that equipment at the home was inspected regularly to ensure it was safe for people to use, including portable appliances, hoists and stair lifts. Checks on the safety of the home environment had been completed, including gas and electrical safety checks. Fire safety and legionella checks had also been completed. Legionella bacteria can cause Legionnaires disease, a severe form of pneumonia. This helped to ensure that people were living in a safe environment.

Information was available in people's care files about the support they would need from staff if they needed to be evacuated from the home in an emergency. This included the number of staff they would need support from, any equipment required and the evacuation procedure. There was a business continuity management plan in place, which provided guidance for staff in the event that the service experienced severe weather, flooding or a loss of amenities such as gas, electricity, water or telecommunications. This helped to ensure that people continued to receive support if the service experienced difficulties.

Good

Is the service effective?

Our findings

At the last inspection in June and July 2017, we found that the provider was failing to comply with the Mental Capacity Act 2005 (MCA). The 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 make 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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty safeguards (DoLS).

At that inspection we found that people's mental capacity had not been assessed when appropriate. Also, applications had not been submitted to the local authority, when it was felt that people needed to be deprived of their liberty to keep them safe. At this inspection we found that the necessary improvements had been made. We found that where people lacked the capacity to make decisions about their care, mental capacity assessments had been completed and their relatives had been involved in best interests decisions in line with the MCA. Where people needed to be deprived of their liberty to keep them safe, appropriate applications for authorisation had been submitted to the local authority. Records showed that staff had completed MCA/DoLS training and the registered manager told us that further training was planned to take place in September and October 2018. The staff we spoke with understood the importance of gaining people's consent and providing additional information when necessary to help people make decisions.

We noted that the premises had been made more secure since our last inspection. Key code locks had been installed at the entrances and exits to the main house and fencing had been put in place around the building to make the gardens secure. This meant that people who needed to be deprived of their liberty to keep them safe, were able to access the gardens safely, without the need for staff to accompany them.

We observed staff asking for people's consent before providing care, for example when supporting people with their meal or administering their medicines. We noted that documentation was not in place to demonstrate that people had consented to staff providing them with support, for example in relation to managing their medicines. We discussed this with the registered manager. She told us she gained verbal consent from people as part of the pre-admission assessment process and when people first came to live at the home, but she did not document it. During our inspection, she created a consent to care and treatment form and policy and assured us that people would be asked to document their consent in future.

Most people living at the home and their relatives were happy with the care they received and felt staff had the knowledge and skills to meet their needs. Comments included, "By the way they treat me and the attention I get, they know what they're doing" and "They all seem very capable. They know what they're doing". However, one person commented, "Some more than others. Some don't know my needs". We discussed this with the registered manager who spoke with the person to discuss their concerns. Relatives told us they felt staff were able to meet their family members' needs.

Records showed that staff received a thorough induction when they joined the service and completed mandatory training which was updated regularly. This included fire safety, moving and handling, first aid, safeguarding, MCA/DoLS and infection control. This helped to ensure that people were supported by staff who had the knowledge and skills to meet their needs safely. In addition, some staff had completed training in dementia care and end of life care. Further training in diabetes management was scheduled for two senior staff in September 2018 and advance care planning and end of life care in January 2019.

Staff told us they received regular supervision and yearly appraisals. As part of their supervisions, staff were observed providing people with support. We reviewed some supervision records and noted that issues addressed included appearance, communication, infection control, moving and handling, record keeping, consent and respect, privacy and dignity. Staff received feedback about their practice and any areas for improvement were addressed. One staff member told us, "We have regular supervisions and observations. We can raise any concerns with our line manager". The staff we spoke with were clear about their roles and responsibilities, which were addressed during their induction, supervision sessions, staff meetings and regular training updates.

Records showed that a detailed assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs, risks and preferences. This helped to ensure that the service was able to meet people's needs before they came to live at the home.

We looked at how people were supported with eating and drinking. Care plans and risk assessments included information about people's nutrition and hydration needs, preferences and intolerances. Where there were concerns about people's diet or nutrition, increased monitoring was in place and appropriate referrals had been made to community healthcare professionals. The staff we spoke with was aware of people's dietary requirements. One staff member told us, "We have people on special diets like low fat, some people are diabetic and some people have their meals fortified. We refer to the dietitians when there's weight loss". The kitchen manager was the nutrition champion for the service and had recently completed comprehensive training on nutrition, including the use of the MUST tool and fortifying people's meals effectively. She told us staff kept her up to date regarding any changes in people's risks or needs.

Most people we spoke with were happy with the meals available at the home. Comments included, "The food itself is ok. Could do with a lamb chop or liver and onions. I manage with what I have" and "It's not bad at all. Some things you don't like. If you don't like it they'll say what will you have?". We discussed the feedback we received with the registered manager. She told us that people had raised concerns about the meals previously, so the issue had been discussed at a recent residents meeting and the menus had been changed to reflect the feedback received. She told us this issue was included in the satisfaction questionnaires given to people living at the home and relatives twice a year, to ensure that the menus reflected people's preferences.

We saw people having lunch on both days of the inspection. The food looked appetising and portions were adequate. We found that the atmosphere was relaxed and people were offered choices. People were given the time they needed to have their meal and where people needed support, this was provided sensitively by staff. Adapted crockery was available to promote people's independence. We noted that people could have their meals in their room or in one of the lounges if they wished to.

Each person's care file contained information about their medical history and any allergies. People had been referred to and seen by a variety of healthcare professionals, including GPs, community nurses, dietitians, podiatrists and opticians. The service used a digital 'telemedicine' service provided by Airedale

NHS Foundation Trust. The service enables communication between the Trust's clinical staff and staff at the home via a secure video link and helps to avoid 999 calls and people being admitted to hospital. People living at the home and their relatives told us medical attention was sought when needed. One person commented, "I had a very bad cough, saw the doctor and five days later I was alright". One relative commented, "They called the doctor out when [relative] banged her head". Another told us, "They got the doctor once when [relative] fell and had a urinary tract infection. Telemeds were called and antibiotics prescribed".

We noted that the service operated the red bag scheme when people were transferred to hospital. The scheme aims to provide a better care experience for people by improving communication between care homes and hospitals. It involves staff packing a dedicated red bag that includes the person's standardised paperwork and their medication, as well as clothes for discharge and other personal items. This helped to ensure that people received effective care and treatment and that relevant information was shared when people moved between different services.

We found aids and adaptations available to meet people's needs and enable them to remain as independent as possible. Bathrooms had been adapted to accommodate people who required support from staff and hoists and stair lifts were available for people with restricted mobility. We found that the home was decorated to a high standard and people had personalised their rooms to reflect their tastes and make them more homely. The grounds of the home were well maintained and were accessible to everyone, including people with mobility needs.

One community health professional who visited the service regularly told us, "I have yet to come across a home that cares for their residents as well as the staff at Marsden Grange do and can't speak highly enough about it. I have gladly recommended this home to patients that see me looking for recommendations for their relatives. The staff do a wonderful job and I enjoy visiting the home. During busy times when I have attended in the past, the staff are always on hand to help".

Good

Is the service caring?

Our findings

People told us they liked the staff who supported them and that staff were kind and caring. Comments included, "The carers are so, so nice. They have a lot of fun with us" and "They're all very pleasant. They don't make it [support] sound like it's any trouble". One relative commented, "[Relative] likes them very much. You can tell she has a good relationship with them". One person told us that a member of staff had treated them like a child on occasions. We discussed this with the registered manager, who provided evidence that this had been addressed with the staff member. One community healthcare professional who visited the service told us, "We very rarely come across a home that shows such love and compassion and high standards of care".

Staff told us they knew the people well that they supported, in terms of their needs, risks and their preferences. They gave examples of people's routines and how people liked to be supported, such as what they liked to eat and drink and how they liked to spend their time. Staff felt they had enough time to meet people's individual needs in a caring way.

Communication between staff and people who lived at the home was good. We observed staff supporting people sensitively and patiently and repeating information when necessary, to ensure that people understood them. One staff member commented, "When I'm supporting someone with personal care, I speak to them and explain what I'm doing". This helped to ensure that communication was effective and that staff were able to meet people's needs.

We noted that people had not signed their care plan to demonstrate that their needs had been discussed with them. The people we spoke with told us they had not seen their care plan, though some people did not feel this was necessary. However, they told us their needs were reviewed with them regularly. We discussed this with the registered manager who told us that people would be asked to sign their care plans in future when they came to live at the home and each year as part of a review. Where people were unable to make decisions about their care, their representative would be asked to sign it. This would help to evidence that people had been involved in discussions about how their care was provided.

People told us they were encouraged to be independent. We observed staff encouraging people to be as independent as possible, for example when they were moving around the home. One staff member told us, "We encourage people to do what they can, for example if they can get undressed or wash themselves". Another commented, "We encourage people to do things like shaving and washing if they can".

People told us staff respected their right to privacy and dignity. Comments included, "My privacy is respected. They don't go into your room unless they knock on the door and you say yes", "They're caring and kind. When I go to the toilet I'm embarrassed. They're so kind, saying don't worry" and "The worst thing when I came in was someone helping me to shower. I was embarrassed but the girl who helps me is very nice". Relatives commented, "They shut the curtains and door when changing [relative]" and "If they need to give [relative] her tablets, they will say sorry for interrupting and they knock on the door before entering". We observed staff respecting people's privacy and dignity by knocking on their doors, speaking to them

respectfully, listening to their choices and using their preferred name.

People's right to confidentiality was protected. People's private information was only accessible to authorised staff. We observed staff speaking to people discreetly when supporting them and saw that they did not discuss personal information in front of other people living at the home or visitors.

The service user guide issued to people when they came to live at the home included information about the provider's aims and objectives, the types of care and support available, care planning, activities and how to make a complaint. The registered manager told us the guide could be provided in other formats, such as large print or braille if necessary. She told us she planned to introduce an improved guide which would include information about local services.

The home produced a newsletter each Christmas to let people know what would be happening. We reviewed the newsletter from Christmas 2017 and noted that it included information about meals, activities and some quizzes and competitions.

We found that people's relationships were respected and people told us there were no restrictions on visiting. This was confirmed in the service user guide and the visiting policy. A number of relatives and friends visited during our inspection and we saw that they were made welcome by staff. One person commented, "Yes, they can visit when the want to and I have a mobile phone and the ordinary phone, so I can phone when I want to". One relative told us, "We're always made welcome when we come". This meant that people could stay in touch with people who were important to them.

Information about local advocacy services was displayed in the entrance area of the home. People can use advocacy services when they do not have friends or relatives to support them or if they want support and advice from someone other than staff, friends or family members.

Good

Is the service responsive?

Our findings

People told us that most staff knew them and they received care that reflected their individual needs and preferences. One person commented, "They always know your name and a bit about your family". One relative commented, "Yes they know [relative]. They know she likes coffee with plenty of milk".

Most people told us they were able to make their own everyday choices, such as when they went to bed, where they spent their time and what they had at mealtimes. However, one person told us they felt pressured to go to bed earlier than they would like to in the evening. We discussed this with the registered manager, who discussed this with the person and assured us she would remind staff of people's right to choose the time they went to bed.

We looked at the activities and entertainment available to people at the home. Most people felt they were limited and could be improved. Comments included, "We occasionally play dominoes but not for a long time", "There's TV, talking, exercise and a singer" and "There's not a great deal". Two people told us they had recently completed a survey about activities. One commented, "I suggested a few things; pets, shopping, singing and classical music". Relatives told us there was regular exercise sessions and a keyboard player and a singer who visited the home". We noted that the rear grounds included a sensory garden, which staff told us people used often. We saw photographs of people enjoying barbecues and afternoon tea in the garden. During the inspection we observed people being entertained by a pianist, taking part in a chair exercise session and enjoying an afternoon tea and reminiscence session.

We discussed the feedback received with the registered manager. She told us that a recent satisfaction questionnaire had shown that some people were not happy with the activities available at the home. To address this, a questionnaire specifically related to activities had been issued to gain more detailed feedback from people and to request suggestions for additional activities. We saw evidence that people's feedback was being listened to and improvements were planned. These included dominoes, bridge, jigsaws, music sessions and more afternoon teas. We spoke with the person who facilitated the cognitive exercises with people twice a week and some other activities at the home. She told us that people had asked for more standing exercises and she had put this in place. She told us that people had enjoyed a singing session and had asked about the possibility of forming the home's own choir, which she was going to arrange. The registered manager told us that children from a local nursery had visited the home in December 2017 to perform a nativity play and sing carols and people had enjoyed it very much. A further visit was planned for September 2018, with a view to regular visits taking place in the future, to allow the children and people living at the home to get to know each other. The registered manager and service provider told us that trips out were also planned, including visits to the cinema and the theatre.

The care files we reviewed included detailed information about people's risks, needs and how they should be met, as well as their likes and dislikes. Care files were personalised and contained information about what people were able to do for themselves, what support was needed and how this should be provided by staff to reflect people's preferences. Care documentation was reviewed regularly and updated when people's risks or needs changed. We noted that information was included about people's religion but not

their ethnic origin, sexual orientation or gender. This meant that staff may not have an awareness of people's diversity and what was important to them. We discussed this with the registered manager who amended the home's documentation to include this information.

We looked at whether the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We found that although not all aspects of the Standard were being met, people's communication needs had been assessed and documented and people were receiving appropriate support. The registered manager was not aware of the Standard. She told us she would implement it following our inspection.

We looked at how technology was used to support people living at the service. We found that where people were at risk of falling, sensor mats were in place to monitor their movements and keep them safe. Pressure relieving equipment was used to support people at risk of pressure sores and skin damage. In addition, the service accessed the local digital telemedicines service for advice about people's healthcare needs.

No-one was receiving end of life care at the time of our inspection. We noted that a guide was available for staff to follow when supporting a person at the end of their life. One staff member told us, "We have supported people at the end of their life. We work with the district nurses and follow the guidance". One of the deputy managers was the end of life care champion for the home and attended a local forum regularly to help the service stay up to date with good practice. The registered manager told us that six staff were due to attend an end of life care conference in October 2018.

A complaints policy was in place which included details of how to make a complaint and the timescales for a response. Information about how to make a complaint was also available in the service user guide. The registered manager told us that no formal complaints had been received since the last inspection. We noted one informal complaint had been documented and found that appropriate action had been taken. People told us they knew how to make a complaint and would feel able to. Two people living at the home told us they had raised concerns and were happy with how they had been managed.

Good

Is the service well-led?

Our findings

At the last inspection in June and July 2017, we found that the provider was not completing any audits or checks of the service, to ensure that people were receiving safe, effective care. At this inspection we found that the necessary improvements had been made. We found that monthly audits of the service by the provider had been introduced. These included checks of the external and internal environment, health and safety, maintenance issues, cleanliness and staff training and performance. In addition, as part of the audits the service provider spoke with two people living at the home to gain their feedback about the care they received. We found that an action plan was in place where improvements were needed, such as purchasing new bedding and repairing uneven paving flags. In addition, records showed that the service provider attended staff meetings regularly. The registered manager submitted a weekly report to the service provider, which included information about staffing arrangements, staff training, accidents and the action taken, new admissions, people returning to the home from hospital and visits from external professionals. This meant that the provider had oversight of the service and could be assured that people were receiving safe, effective care.

Records showed that audits of the service were also completed regularly by the registered manager and deputy managers. These included checks of medicines, accidents, fire safety, health and safety and the home environment. We saw evidence that action had been taken where shortfalls had been identified. We found the audits completed were effective in ensuring that appropriate levels of quality and safety were being maintained at the service.

Most people knew the registered manager and were happy with the way the service was being managed. They felt that the staff, deputy managers and the registered manager were approachable. One person commented, "I talk to [deputy manager]. Anything I want, she gets it".

During our inspection we found that the home was organised and had a relaxed atmosphere. The registered manager and deputy managers were able to provide us with the information we requested quickly and easily and were familiar with the needs of people living at the home. We observed them communicating with people who lived at the home, visitors and staff in a friendly and professional manner.

We noted that it was the service provider's aim, 'To provide individually tailored care to meet the unique needs and wishes of each service user'. During our inspection we saw evidence that this vision was promoted by the registered manager and staff at the home. The registered manager informed us that she felt well supported by the service provider and could contact her if she had any concerns.

Staff told us they were happy working at the home and felt well supported by the registered manager. Comments included, "[Registered manager] and the deputy managers are all approachable. [Provider] visits regularly and attends staff meetings. She really is a lovely person. The care is important to her", "There have been lots of improvements in the last 12 months. There's improved security with the fences and the keypads on the doors and we're using the MUST scores. People get good care here" and "People definitely get good care here. I'd be happy for a member of my family to come here, it's homely".

Staff told us staff meetings took place regularly and they could raise concerns and make suggestions. We reviewed the notes of some recent staff meetings. We noted the issues discussed included training, staffing arrangements, residents meetings, satisfaction questionnaires, safeguarding, medication, documentation, activities and updates about changes in people's needs and risks. The registered manager told us she planned to introduce yearly staff satisfaction surveys to provide another opportunity for staff to raise make suggestions for improvement and raise any concerns.

We looked at how the service sought feedback from people living at the home about the support they received. The registered manager told us that satisfaction surveys were given to people twice a year to gain their feedback about the service. We reviewed the results of the questionnaires issued in May 2018. We saw that people had expressed a high level of satisfaction with most areas of the service, including the availability of staff when needed and the home environment. We noted that some negative feedback had been received about the meals and activities at the home and saw evidence that these issues were being addressed

The registered manager told us that people's feedback was also sought at the residents meetings which took place twice a year. We reviewed the notes of the meetings in October 2017 and May 2018 and noted that the issues discussed included meals, activities and the results of recent satisfaction questionnaires. We saw evidence that people were encouraged to make suggestions and raise concerns and their views were listened to. For example, changes were made to the weekly menus to reflect people's suggestions and requests. We noted that attendance at the meetings was good. However, during our inspection a number of people we spoke with told us they were not aware that residents meetings took place. We discussed this with the registered manager, who told us that posters were put up in advance advertising the meetings and staff reminded people on the morning of the meetings that they were taking place.

We saw evidence that the service worked in partnership with a variety of other agencies. These included community nurses, GPs, podiatrists, opticians, hospital staff, dietitians and social workers. This helped to ensure that people had support from appropriate services and their needs were met. In addition, the registered manager and one of the senior care staff attended the local CCG Care Quality Forum regularly, to meet with other providers and to stay up to date with good practice.

The registered manager told us that she, the deputy managers and staff had worked hard to make improvements since the last inspection and we saw evidence of this. We noted that a number of improvements had been made to the home environment, including a new bathroom in Pendle Suite and new flooring in the main house dining room. She told us that further improvements to the home environment were planned, including new lounge carpet, chairs and a new bathroom in the main house. In addition, the registered manager planned to appoint staff members to act as champions for falls, diabetes and epilepsy. This would help to ensure that staff had the knowledge and skills to support people effectively.

Our records showed that the registered manager had submitted statutory notifications to CQC about people using the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.

We noted that the provider was meeting the requirement to display their rating from the last inspection.