Catherine Lodge Residential Home Limited

# Catherine Lodge

## Inspection report

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19 December 2018

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

This was an unannounced comprehensive inspection, to make sure the service was providing care that is safe, caring, effective, responsive to people's needs, and well-led. The inspection took place on 13 and 19 December 2018.

Catherine Lodge is a 'care home'. The accommodation is purpose-built with passenger lift and stairlift access to the first and second floors. People living in this care home receive accommodation along with personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

The service is registered to provide accommodation for up to 39 people. There were 35 people using the service at the start of this inspection. The service specialises in the care of older adults including those living with dementia or mental health needs.

At our last rating inspection in April 2016, the service was rated Good. At this inspection we found the evidence continued to support the rating of Good.

Everybody we spoke with was complimentary about Catherine Lodge and many mentioned the kindness of the staff. A typical overall comment from someone using the service was, "I don't think I would find a better place." Relatives' and representatives' comments included, "I can't speak highly enough of them" and "If I had to go somewhere, I would come here."

We found the service could demonstrate a good record for improving some people's health and welfare. This was partly through collaborative working with community professionals. The registered manager also ensured high standards of care through a hands-on approach. This influenced staff to work well as a team to provide high quality care for people.

We found the approach of staff to be responsive to people's individual needs and choices. Staff noticed and responded when people needed support. People's routines and choices were identified and supported. Staff respected rather than challenged people's reality and experiences, and worked with them to achieve positive, safe outcomes.

The service had a stable staff team which helped trusting relationships develop with people using it. Staff and managers knew people well as individuals, and people were often supported by their preferred staff members. Staff had time for people and were encouraged to sit and interact with them. This helped ensure

the service's caring approach and the support of people emotionally.

The service provided a range of stimulating activities that people enjoyed. There was a strong focus on music and movement amongst the various activities provided, and effort was made to engage people. Some people were also supported to go out to locally.

The service was skilled at supporting people at the end of their life to have a comfortable, dignified and pain-free death. This had been verified by a national organisation that took into account good practice in palliative care and feedback from relatives and representatives of people who had passed on at the service.

Good attention was paid to ensuring people were supported to eat and drink enough and maintain a nutritious diet. People's preferences were sought and individual diets were catered for. People received their medicines as and when prescribed.

People were treated respectfully and consent was appropriately sought for the support to be provided. People's independence was encouraged, and adjustments were made to the well-maintained premises in support of this.

The premises were kept clean and people were protected from the risk of infection. The service paid good attention to people's personal care needs such as through offering daily showers.

The service had systems in place to keep people safe from the risk of abuse and hazards. Staff had the skills, knowledge and experience to deliver effective care and support. There was consistently enough staff working at the service.

The service regularly sought the views of people using the service and their representatives, listened to people's concerns and suggestions, and adjusted care and support accordingly. Visitors were welcomed at the service, which helped people using it to maintain relationships.

The registered manager had successfully run the service for many years, and had a clear vision for it. This included working in partnership with people using the service, their representatives, and community professionals. There was good support and clear guidance for staff, to help ensure high standards of care were provided. There were effective arrangements in place for monitoring the quality of the service, to help ensure continuous learning and improvement.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

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|---|---|
| **Is the service safe?**<br>The service continues to be safe. | **Good** |
| **Is the service effective?**<br>The service continues to be effective. | **Good** |
| **Is the service caring?**<br>The service continues to be caring. | **Good** |
| **Is the service responsive?**<br>The service continues to be responsive. | **Good** |
| **Is the service well-led?**<br>The service continues to be well-led. | **Good** |

# Catherine Lodge

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 unannounced inspection took place on 13 and 19 December 2018. It was undertaken by one inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We also contacted the local authority for their views on the service.

There were 35 people using this service at the start of our inspection visits. During the inspection we met with 11 people living at the service, ten of their relatives and representatives, and got the views of four community professionals. We also spoke with three care assistants, three administration workers, a chef, a volunteer, three assistant managers and the registered manager.

During our visits, we looked at selected areas of the premises including several people's rooms, and we observed the care and support people received in communal areas including for meals and activities. We reviewed the care and medicines records for four people using the service to see if they were reflective of the care people received. We also looked at personnel records of two members of staff. We reviewed some management records such as for health and safety, accidents and incidents, complaints, staff rosters, and quality audits, to see how the service was run. We also requested further specific information about the management of the service from the registered manager in-between our visits.

Good

# Is the service safe?

## Our findings

People using the service told us they felt Catherine Lodge was a safe place to live. For example, one person said, "I had a lot of falls at home but I haven't had any here. I am happy and safe. They keep an eye on you. I have a buzzer right by the bed if I need someone at night. That makes me feel safe."

People's representatives provided similar feedback. One relative said, "One of the major reasons I got her in here was to be safe." They added that their family member had asked for a lock to be fitted to their bedroom door after another person came into their room at night. This had been done promptly. Another relative told us their family member "cannot express her feelings but you know she feels secure. If something happens, they notice it." A community professional told us the service was working well with one person to balance their safety with their freedom in going out alone.

Records, feedback and observations showed there were enough staff with varying skills on duty to safely support people with their assessed needs. People told us there were enough staff working at all times. One person said, "The staff notice things. They notice if I want to go to the loo and I haven't said anything. They notice if there's something not quite right. They are very busy but they are not rushed. They always have time." Another person told us, "If I call them they come quickly."

People representatives agreed that there were enough staff. A relative said, "There's always someone when you need them; it never takes me long to find someone. If my mother wants to go out, they will find someone to go with her. They always seem to have people on hand. I have never seen that anxiousness I have seen in other places. Someone presses a button and they respond, even if that person does it all the time."

During the inspection we saw that there was enough staff on shift as it never took long for people to get support from staff. The registered manager told us they used a staffing tool which allowed them to assess the needs of people and staff accordingly. Staffing rosters confirmed assessed staffing levels were adhered to and sometimes exceeded. Records showed staff recruitment practices helped ensure staff were of good character.

There were safeguarding procedures in place at the service, to protect people from the risk of abuse. Records showed staff received training on how to recognise and report incidents of potential abuse. Staff knew what constituted abuse and could tell us the procedures to follow if they were required to report any concerns, including which community professionals would be involved.

Staff told us of transparency when shopping for people, for example, by informing the registered manager, obtaining receipts and keeping records. This helped minimise the risk of financial abuse.

Each person had comprehensive risk assessments in place, for example, around mobility and falls, skin care, and nutrition. These helped guide staff on how best to support each person safely and in a way that promoted their independence where possible. We saw staff supporting people safely. They were attentive to

people trying to move around, and worked together when needed.

Records showed the staff team made regular safety checks of the premises and equipment, including fire alarms, wheelchairs, bed-rails and window-restrictors. The service had systems to ensure there were up-to-date professional safety check certificates for the premises and equipment. For example, for electrical wiring, gas safety, the fire alarm and equipment, and hoists and passenger lifts.

The service protected people by the prevention and control of infection. We found the premises was clean throughout and there was no noticeable malodour. This matched what people and their visitors told us. For example, a healthcare professional described the service's infection control standards as "brilliant." Someone's representative told us, "It's always clean and there's no smell of urine, ever." Records and staff feedback showed the service paid good attention to supporting people with regular personal care, for example, encouraging a daily shower and supporting people to access the toilet regularly. During lunch, staff used personal protective equipment (PPE) such as aprons, hair nets and gloves to prevent cross infection. We saw plentiful supplies of PPE available. Records showed the food standards agency recently awarded the service a five-star rating, the highest available, for food hygiene standards in the kitchen.

People's medicines were managed and administered safely. People told us of good medicines support. One person said, "As soon as I come down for breakfast my medication is on my plate. I always get it when I need it." A relative told us, "You can't rely on my sister to take her medication. They find her wherever she is and give her all her drugs and pills." Records showed periodic medicines training for staff who handled medicines. There were detailed guidelines and medicines records for each person. The management team recorded regular checks of people's medicines, which helped identify any discrepancies so action could be taken to ensure people received their medicines safely. Community professionals said the service's systems made sure people's medicines matched what was prescribed and did not run out.

The service had systems in place to investigate and learn from incidents and accidents. There was an oversight record of accidents people experienced and the total number of accidents each month. Learning points were discussed at staff meetings and staff handovers when required, to help minimise the risk of reoccurrence. The registered manager also told us of liaising with people and their representatives following accidents, to explain what happened and how they would learn from it.

Good

# Is the service effective?

## Our findings

People praised the service's effectiveness. Their comments included, "A number of people have told me it's the best home in the district" and "I would recommend it here." People's representatives provided similar praise. One relative spoke of visiting many different care homes before choosing this one. Another told us, "CQC can give an A1 for this place!" A third said, "I've not a bad word to say about it."

The service could demonstrate a good record for improving some people's health and welfare. For example, a community professional told us the service was attentive to people's skin care and so people's community-acquired pressure ulcers tended to heal well. Staff told us of effective training for this. Someone using the service said, "They gave me back my health here. I couldn't feed myself. The doctor comes every week and takes good care of us. I am normal now and I can do things for myself."

A relative told us their family member's wellbeing had improved greatly since using the service, citing particularly a reduction in sedative medicines and the consistency of capable staff. They said it was "night and day compared to how she was." The registered manager told us this person was one of their "success stories" as the person also initially isolated themselves in their room but had engaged over time through the persistence and kindness of staff. For example, favourite foods had been acquired for them. They said, "We find out what's important to them, and make a fuss of them."

Other people's representatives provided similar praise. One relative told us their family member was accompanied to medical appointments by a member of staff. The registered manager confirmed this occurred if people's representatives could not provide that support.

A recent relative's compliment letter informed us the service had worked "tirelessly" to support their family member's particular health condition to improve. It added that everyone working at the service "should be very proud of what you do to look after your residents when they can no longer look after themselves." Another such letter told us that despite their family member's advancing dementia, they had "the best quality of life possible" at the service, citing the various activities they joined in with and the friends the person made.

There were clear and up-to-date summaries for each person about any health professional input and what actions were to be followed from this. A senior staff member had specific responsibilities for ensuring these were up-to-date. The information was shared amongst those staff that needed to know, so that recommendations were followed and people experienced good healthcare outcomes.

There was strong praise of the service on how well it liaised and worked in co-operation with community colleagues such as district nurses, social workers and community psychiatric nurses. For example, we were told the service acquired equipment needed or medicines prescribed for people promptly. Professionals described the service as 'excellent', 'lovely' and 'one of the best.' The registered manager told us a key factor for this was making sure there was always a senior staff member assigned to work with visiting professionals, to help convey knowledge of each person being seen. This helped to ensure effective care and

support.

The management team told us of a very good working relationship with the local GP who visited weekly but came at other times including the weekend if needed. The GP paid good attention to the detail of people's health conditions based on information provided by the service. Where one person was losing weight, the GP had researched the concerns after standard treatments had been unsuccessfully followed. They found the person had excess muscle tension in the mouth making it hard to eat. This was then treated at the service which improved the person's welfare and quality of life.

There was good team work amongst the service's staff to help ensure effective care of people. Incoming staff received updates on each person and the service in a short 'handover' meeting before starting work. This included whether people had eaten or slept well, any additional medicines anyone had had, and information about the person's welfare such as health matters. During our visit, one person was said at handover to be mixing up the days of an upcoming hair appointment, which was causing them anxiety. Staff were made aware, to help remind and reassure the person.

People spoke positively of the food provided. One person told us, "The food is fine; I have soft food and it tastes of what it's supposed to taste of." Another person said, "I am a fussy eater but they do their best to accommodate me. They always find me something. The food is well-prepared and it looks lovely on the plate." A third person told us, "The meals are lovely. I am vegetarian and the food is beautiful. They let me have my white sauce at lunch every day." They added positively, "I have put on weight since I have been here." A person who tended to stay in their room confirmed meals were always brought to them. A visitor told us, "It's always a fresh menu, no packet food."

During lunch, people had a choice of the home-cooked meals that were advertised in the dining area. The atmosphere was calm and nobody waited long for their food. The portions were generous and well-presented. Staff provided support and encouragement where needed. People had glasses of water available in the lounge and their rooms throughout our visits. Warm drinks and home-cooked snacks such as cakes were provided in-between meals.

People's care files included individual nutritional support guidance, for example, dietitian advice which staff showed they knew when we asked them. The chef knew who required a specialist diet and people's likes and dislikes. There were records in the kitchen as reminder. The management team told us of always getting people's preferred foods, for example, specific breads and vegetables that reflected people's cultures, or strawberries simply because someone liked and ate them. They said acquiring favoured foods was particularly important when new people came who did not eat and needed "coaxing."

Records and representatives' feedback showed people's needs were assessed prior to admission. They had been completed with the person or where appropriate with their family or representatives. These assessments and initial care observations on moving in were used to draw up a care plan for the person. These guided staff on the person's needs and preferences, and the particular support they needed. Plans covered topics such as health, nutrition, mobility, personal care and night care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Appropriate applications had been made to the local authority for DoLS assessments on behalf of some

people using the service. Records showed applications and outcomes were kept under review, to ensure further applications were made before current authorisations expired. The service was following conditions set within people's authorisations such as for requesting review of covert medicines by the GP.

Where people lacked the mental capacity to make their own decisions, the service followed the principles of the MCA and ensured best interest decisions were appropriately made on their behalf. This included that people and their representatives were involved as much as possible. People's care files stated if there were any Lasting Power of Attorney (LPOA) arrangements that needed to be taken into account in the services provided. We met some people who had LPOA status who said the service involved them.

We saw staff seeking consent from people before assisting with any care. They told us of respecting refusals but working together to encourage the person's agreement if they felt the care was necessary for the person's welfare. They would report to the management team if that did not work.

The premises, which consists of a number of houses that have been joined together, had some adaptations such as handrails, stairlifts and a passenger lift to meet people's needs. The building was well decorated. A relative told us, "The place is like someone's home. It's less institutionalised than some and not too huge."

Staff told us of good training and support to do their job effectively. Records and feedback showed new staff members received induction training and spent time shadowing experienced staff to get to know the people they would be supporting and the service. Staff told us this process was not rushed, which they appreciated.

All staff received regular training and refresher sessions to maintain and develop their skills. Records showed us many staff had national vocational qualifications (NVQ) in care, and that new staff completed the Care Certificate, a national training standard for care workers.

There was supervision every other month for staff, to ensure they were able to discuss any concerns or development needs. Observations and feedback showed that staff were able to use their skills and experience to meet people's needs.

Good

# Is the service caring?

## Our findings

Everyone spoke highly of the caring approach at the service. Staff were described as, 'lovely', 'amazing', 'polite', 'helpful' and 'calm.' People's comments included, "The staff are wonderfully caring. I feel loved" and "When they shower me we talk about our lives. It's very comfortable and easy. You can tease them and they can tease you. There's no formality about this place."

People's representatives provided similar feedback. One relative said, "There is excellent care. We are so lucky. The staff are reliable and conscientious. They take good care of my wife. They are very kind and sweet with her." Another told us, "It's always the same staff, they find time to sit and talk with her, she can call them names but they don't take any notice, they're so patient." If anyone's behaviour challenged the service, staff told us of patient and calming approaches, trying to understand the person's situation, and that "you don't take offence."

There were positive relationships between people and members of staff. Interactions between staff and people using the service were sensitive, respectful and kind. For example, whilst two staff guided someone to the toilet, they talked to the person in a gentle manner. When someone began to demonstrate potentially disruptive behaviour in the middle of a group activity, staff gently and kindly supported them to another part of the lounge, which appeased the person. Staff spoke positively about the people they supported. One staff member said the difference at this service was "the relationships staff have" with people using it.

We observed many small acts of kindness from staff. These included holding people's hands whilst speaking with them, gently coaxing people to move in the right direction, and stroking their hair away from their faces. A relative's compliment letter informed us of staff trying to learn and communicate in the first language of their family member, which they said "shows the thoughtfulness in their work and dedication."

People were addressed by name and individual needs were recognised. For example, staff took time to engage with people including those who could not converse, sitting with them or bending down to their level to interact. Staff told us of giving rundowns of the day's news for people who were struggling to read newspapers. They said they had time to provide this sort of care. The registered manager confirmed staff were encouraged to sit with people as long as they were engaging with them. A relative told us that despite their family member's "advanced dementia, they genuinely look after her, talk to her and try to stimulate her." They added that the service "couldn't do more."

Feedback and our discussions demonstrated the registered manager was well-informed about people's care. A staff member told us, "The manager has a heart and is very caring." Their active approach was a key component for ensuring the service was caring.

We observed people's privacy and dignity being respected throughout the inspection. For example, we heard doors being knocked on and staff asking if they could enter. There were dividers in shared rooms to help uphold privacy. People had been provided with support for their appearance, and staff noticed where more support was needed. A representative said that the person they visited was "always washed and

cleaned." A relative told us their family member was always "well-groomed" despite having high care needs. Another visitor said the service bought clothing for the person they visited and invoiced them, which they appreciated as they were unable to manage this themselves.

A number of people mentioned the homely, informal atmosphere of the service. They knew the place was secure, but did not feel constrained.

People's autonomy and independence was valued at the service. For example, a few people went out independently, and some others were supported by staff and volunteers to go out locally. People were encouraged to treat the service as their own home and bring in their own decorations and pictures for their rooms. Where requested, people had keys to their rooms or keypad access set up when they could not manage a key. Mobility sensors were in some people's rooms, to recognise that they liked to move around independently but to alert night staff to provide them with agreed support. There were also call-bells in everyone's rooms, by which to request for staff support.

People, and their representatives where appropriate, were encouraged to express their views and make decisions about their care and support. People and their representatives had the opportunity to visit the service before making decisions to move in. Staff gave people choices at all times, and respected refusals. Staff told us where someone requested particular staff to support them, this took place. People's care files included evidence of consenting to care plans and annual review meetings at which views were taken on board and ongoing support agreed. People's views about their support were also sought informally such as through monthly documented checks.

The service supported people to maintain relationships that mattered to them. People's representatives told us of no visiting restrictions and the service always make them welcome. One relative said, "We could come in at any time of the day and night and they always offered us a cup of tea." Representatives also told us the service liaised with them well. A relative said, "You can't ask for better service. If my wife needs to go to hospital, they try to contact me but if necessary, they take the initiative." Another told us of the service helping them with forms they had to fill in for their family member, which they appreciated. A staff member told us of supporting someone using the service to attend a family funeral.

Good

# Is the service responsive?

## Our findings

There was positive feedback from a range of stakeholders on the service's end of life care . A relative said of the care their family member received, "I can't think of a better place. They supported us not to send him to hospital. They were brilliant. They looked after him so well. They supported us to understand what was going on. And they made us, his family, feel loved and cared for." A relative contacted us in-between inspections to tell us of "very compassionate end of life care." A healthcare professional said the service was "really attentive" for end of life care, for example, in acquiring pain-relief medicines.

A relative praised the service for continuing to look after their family member despite increased needs. They told us the registered manager said it was a "home for life." A compliment letter similarly informed us the service took their family member back from hospital, who "looked relaxed and tranquil" back there for their final days. The registered manager told us that people were encouraged to stay at the service for end of life care if that was their wish. The service might encourage time in hospital to establish any health concerns that could be addressed, but "we always take them back." They accessed support from community professionals such as the GP, district nurses and a local hospice, for example for specialist equipment and pain-relieving medicines.

The service was re-accredited in 2017 by the Gold Standards Framework, a national training and auditing service for high standards in end of life care. The registered manager explained that this award was based on staff training and capabilities, how the service supported people with end of life care, and the views of representatives of people who had passed away at the service following end of life care. The framework report stated the knowledge of the registered manager and senior staff, the stable staff team, and excellent collaborative working with community healthcare professionals were particular strengths of the service in respect of end of life care.

Within people's care records we saw end of life wishes documented where people or their representatives agreed to this. Some people had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) plans in place. The service had systems to make sure these were easily accessible when needed.

People told us of having choice and control over their lives in the service. One person said, "We can please ourselves like what time we go to bed. I sit up and watch the news and they talk to me. They never force you to do anything." Another person told us, "If you want anything, you only have to ask. I look after myself and try to keep independent. I can go out when I want as long as I let them know." A relative said, "If we ask for anything, it's there. If my mother wants a sandwich at 10pm, they will get it for her."

Feedback and observations showed staff were aware of people's specific needs and how to respond appropriately. For example, staff were attentive to helping people move around safely where this was needed. Staff could tell us about people's individual needs, preferences and routines. A relative said of their family member, "She is not stuck in a corner. They walk her around." Another relative told us of their dependent family member being checked on frequently and being supported to reposition on their bed regularly to help prevent pressure ulcers developing. A third told us of communion taking place which was

important to their family member. The registered manager said this occurred weekly. Staff approaches were enabling people to receive personalised care.

Staff respected people's reality and experiences. A relative told us their family member "gets difficult with the staff sometimes but they are very gentle with her. For example, once they called her four times for lunch and she ignored them. Finally, she asked why they hadn't come for her and they just said, 'Oh so sorry, we forgot to call you.' I have never seen them be sharp with anyone." Staff told us of training on dementia. They understood people with dementia may have difficulty with language, and told us for example of trying to complete sentences to help someone who mixed up their words. For people who tried to leave the service but were not safe to do so, they suggested ways of postponing things, adding that a reassuring approach was also important. Where one person would say they had not had their medicines, they had agreed to now keep a diary in which they and staff signed when medicines were given. This reassured the person as they could trust what was written down. Where one person seldom spoke, it was found they could still sing and so they were encouraged to join in with all musical activities.

During our visit, we sometimes heard someone shouting in their room. However, we also found staff spending a lot of time with them which provided them reassurance. A representative of the person said they found staff attending to and caring for the person well whenever they visited. The service was therefore attending to the person's individual needs well.

People's care plans contained specific information about their needs and preferences. They guided staff on what the person could do themselves and what support the person needed. They also included a life history which enabled staff to understand them and use in conversation. There was a one-page summary of the care plan which outlined the person and their assessed needs. This enabled staff to have a quick view of their care without having to read the full document. There were brief monthly reviews of people's care, to reflect any changed abilities and significant updates on their welfare.

The service provided a range of stimulating activities that people enjoyed. People praised the activities provided. One person said, "We play games and quizzes. We have people who teach you to paint. There is poetry every week. I read, play cards and backgammon." Another person told us, "We have a lady who comes in every week to do flower arranging and she brings in things from her garden." This person's table and surrounding area were decorated with flowers. A third person stated, "There's plenty going on. A lady comes in once a week and does exercise and music. She's very good and you are tired out afterwards. A group of us get together to read poetry to each other."

The activities diary indicated there was an activity every morning and afternoon. These included quizzes, clay modelling, darts and bingo. These were led by care staff, activity staff or hired entertainers. A hairdresser and a manicurist also visited once a week.

The activities we saw, both exercise classes of different kinds, showed understanding of individuals' interests. The people delivering the activities were engaging and made a real effort to connect with everyone present. There were therefore high levels of participation.

A relative praised the service for helping their family member to engage. They explained, "They coax her out. They say, 'We need you for the book club.' She was thrilled that she managed to read a whole section of a book aloud. Now she delivers newspapers to people who can't get out of bed."

An activity worker told us, "In the summer we go into the garden. We accompany people who want to take a walk to the local shops. We have parties for times like Christmas, pancake day or Halloween." The premises

is near local shops and where possible, people were able to visit these or go for a walk with a member of staff. One person said, "I like the fresh air and I love being pushed around Finchley in a wheelchair."

People and their representatives knew how to complain if they were not happy and felt that the registered manager and staff would take appropriate action if they did complain. One person said, "If you have any complaints, you only have to mention it." Another person told us, "If I had a complaint, I would go to [registered manager]. She would see to anything."

There were systems in place to record complaints but the registered manager told us there had been nothing formally received for many years as people were encouraged to discuss any concerns so that they could be acted on immediately. We saw the service kept records to show how people's views and suggestions had been responded to, for example, to alter the menu or enable trips out.

Good

# Is the service well-led?

## Our findings

The registered manager had successfully run the service for many years, and had a clear vision for it. Feedback and our observations showed she was well known by everyone, and well informed about what was happening in the service.

People praised the way the service was run and the registered manager's approach. One person said, "If I had any concerns I would talk to [the registered manager] and ask her what to do. I feel she would solve it. I can tease her. We have a laugh. She's very good with people. She cheers them up and she does it very naturally; she's not putting on a show. She's very approachable." Another person said the registered manager "is a darling."

People's representatives provided similar praise. One relative said the registered manager "is like an old-school matron," another that she is "very hands-on." A third told us the registered manager was approachable and "keeps staff under control." Another relative explained the service "seemed to be the most homely and less like an institution" in comparison to others they looked at for their family member. A community professional told us the registered manager "ensures good standards." Another praised the registered manager's "insightful" approach to people's care and willingness to "give people a chance." The registered manager told us communicating with people's relatives and representatives was very important, as it helped build trust. It was clear the service worked in partnership with them.

Staff told us of good support from the registered manager and management team. A member of staff told us the registered manager was "very supportive: she provides training in different areas and listens to our concerns." Another told us the support was "marvellous" due to training and good communication. A third said, "We correct and learn from one another." They added the registered manager was often present at the weekends and spoke of them praising staff for good work which the staff member appreciated.

We saw that the registered manager ensured high standards of care through a hands-on approach. This influenced staff to work well as a team to provide high quality care for people. The registered manager told us of the importance of supporting and guiding staff, but that staff had to be able to do the job well or she would challenge them.

Staff meetings were held regularly supporting a positive and empowering culture. Meeting records included consideration of the on-going support needs of each person using the service, and reminders of expected standards of service.

There were effective arrangements in place for monitoring the quality of the service. This fundamentally stemmed from the hands-on approach of the registered manager and senior staff, accompanied by good team work and communication. This enabled service adjustments to be made whenever needed. However, senior staff also carried out recorded audits to help the registered manager ensure good oversight of the service. The audits included health and safety matters, infection control, medicines and care files. There was also an audit of charts for ensuring people were supported to reposition correctly and in good time, to

identify recording and practice omissions. The registered manager told us this helped improve monitoring records and therefore reduced the risk of people developing pressure ulcers.

The provider engaged with and involved stakeholders in the development of the service. One person said, "They do ask our opinion about things." Feedback and observations showed us people's views were sought for improving their experience of the service. This included through informal feedback, monthly recorded checks with each person using the service, and annual review meetings. There was a survey of different aspects of the service each month, for, example, on the food, laundry and activities. There was also a whole-service annual survey for people using it, their representatives, community professional and staff. Results were collated to check what was working well and what could be improved on.

The management team worked in partnership with other community organisations to provide the best support for people. These included local authority and multi-disciplinary teams. We met a local authority representative during our visits, who was liaising with the service about providing additional movement and exercise resources for people using the service. The registered manager told us of welcoming all offers of community support, to see what how it may benefit the service and people using it. She told us, "We're always fine-tuning."