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Cherry Lodge

Inspection report

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Date of inspection visit:
06 March 2018

Date of publication:
17 May 2018

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

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

The service provides residential care in one adapted building for up to 19 older people, some of whom are living with dementia. There were 16 people living in the service when we inspected on 6 March 2018. This was an unannounced comprehensive inspection.

We last inspected this service on 29 and 30 June 2017, the service was rated as Inadequate because we found the registered provider to be in breach of five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took urgent enforcement action to impose conditions on the providers' registration, which stipulated that no new admissions to the service should be permitted without the written consent of the Commission. We also asked the provider to keep us informed of actions which had or were being taken to mitigate identified risks to the people they are supporting. We decided to impose these conditions on the provider's registration to help ensure that people were no longer exposed to the risk of harm.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve all the key questions to at least good. During this inspection on 6 March 2018, we found that significant improvements had been made towards meeting the requirements to help ensure that people received an improved quality of service.

Cherry Lodge has 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 people who lived in the service told us that they felt safe and well cared for. There were systems in place that provided guidance for staff on how to safeguard the people who used the service from the potential risk of abuse. Staff understood their roles and responsibilities in keeping people safe.

There were processes in place to ensure the safety of the people who used the service. These included risk assessments, which identified how risks to people were minimised. Environmental risk assessments and scheduled service plans were in place, but some were slightly out of date. At the time of this inspection, building work was being undertaken within the home that would require new safety certificates to be obtained on its completion. We were assured that all the required risk assessments, service plans and safety certificates would be obtained as the work allowed.

There were sufficient numbers of trained and well supported staff to keep people safe and to meet their

needs. We saw that recent recruitment files contained the records necessary to evidence that people were protected by staff that had been safely recruited. However, the registered manager had identified that some of the older files needed reviewing and this was underway. Where people required assistance to take their medicines there were arrangements in place to provide this support safely, following best practice guidelines.

When the building work is finished, redecoration throughout the whole house was planned. The registered manager told us that they would take the opportunity to ensure that the home was made more dementia friendly. This would enable people living with dementia to find their way around the building more easily and to identify their own bedrooms. This would increase their independence and help them to feel less anxious and more relaxed.

Both the registered manager and the staff understood their obligations under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager knew how to make a referral if required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services. There were arrangements in place to make sure the service was kept clean and hygienic.

People's needs were assessed and they received effective care in line with current legislation from staff that had the knowledge and skills they needed to carry out their roles. However, we found that although staff had dementia training, it would be beneficial to the people who live in Cherry Lodge if staff undertook more in depth dementia training as the number of people they were supporting to live with dementia was increasing. The registered manager acknowledged this was a training need and undertook to provide it. This will mean that staff will have a better understanding about supporting people living with dementia.

People were asked for their consent by staff before supporting them in line with legislation and guidance. People supported to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services.

We saw many examples of positive and caring interactions between the staff and people living in the service. People were able to express their views and staff listened to what they said and took action to ensure their decisions were acted on. Staff protected people's privacy and dignity.

People received care that was personalised and responsive to their assessed needs. Care records have been updated and were sufficient to help ensure that people received care that was personalised and responsive to their needs.

Outings and in-house activities were offered to people, but people told us that they would welcome more activities and support to develop new hobbies. The registered manager told us that they had identified this need and had plans to make improvements in this area. People's experiences, concerns and complaints were listened to and steps were taken to investigate complaints and to make any changes needed.

The registered manager had made sufficient changes and improvements within the service since they had taken over its management in December 2017, to give us confidence that the service was well led. People using the service and the staff told us that the new management team are open, supportive and displayed good management skills. There were systems in place to monitor the quality of service offered to people.

Further information is in the detailed findings below.

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.

There was enough staff to meet people's needs, Recruitment checks were robust and contributed to protecting people from staff not suitable to work in care.

There were systems in place that provided guidance for staff on how to safeguard the people who used the service from the potential risk of abuse.

There were systems in place to minimise risks to people and to keep them safe.

People were provided with their medicines and in a safe manner. The service was clean and hygienic.

Is the service effective?

Good 

The service was effective.

Staff were trained and supported to meet people's needs effectively.

The service was up to date with the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services, which ensured they received ongoing healthcare support.

People were asked for their consent by staff before supporting them in line with legislation and guidance.

Is the service caring?

Good 

The service was caring.

We saw examples of positive and caring interaction between the

staff and people living in the service.

People were able to express their views and staff listened to what they said and took action to ensure their decisions were acted on.

Staff protected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

Outings and in-house activities were offered to people, but it was recognised by the registered manager that more activities and support to develop new hobbies should be offered to people and plans were in place to get this in place.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

People were supported at their end of their lives to have a comfortable and dignified death.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had made sufficient changes and improvements within the service since they had taken over its management in December 2017, to give us confidence that the service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed. As a result, the quality of the service was continuing to improve. This helped to ensure that people received a good quality service.

Cherry 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 comprehensive inspection was carried out on 6 March 2018. The inspection team consisted of an inspector, a pharmacy 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. On this occasion our expert by experience had personal experience of caring for a relative living with dementia and supporting them while living in a residential service.

Before our inspection, we reviewed the provider information return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunchtime.

We looked at records in relation to four people's care and spoke with nine people who used the service and four people's visitors. We also spoke with the registered manager, the deputy manager and four members of staff.

We looked at records relating to the management of the service, four staff recruitment records, training, and systems for monitoring the quality of the service. Before our inspection, we asked five health care professionals and other professionals involved with the service for their opinion of the service.

Is the service safe?

Our findings

During our last inspection on 29 and 30 June 2017, we found the service was not always safe, and was rated Inadequate in this key question. We found that there was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the service was not adequately protecting people from risks associated with their care because records did not have adequate assessment, planning and evaluation of risk or actions staff should take to keep people safe. We had concerns about the way medicines were managed.

We also found that there was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not sufficient staff on duty to keep people safe. The provider sent us an action plan that detailed the improvements they planned to make. At this inspection, we found that improvements had been made, and the provider was no longer in breach of these regulations.

People told us that they felt safe in the service. One person said, "Yes I feel safe. When I had my strokes, the staff were doing hourly checks which was very reassuring." Another person told us, "Yes, I feel safe. There's always someone around. I've been here many years." A relative commented that they felt that their relative was kept safe and well looked after. When asked if they felt their family member was safe one relative told us, "Certainly, yes. I would speak to [the deputy manager] or the senior carer if I thought otherwise."

There were systems in place designed to keep people safe from abuse. People received support from staff trained to recognise and report abuse. We saw that appropriate safeguarding referrals were made by the service and that the service worked with the local authority throughout any investigation. Where a safeguarding concern had arisen records showed that the service learnt from the incident and used it to improve the service. For example, medicine checks on every shift were introduced following an error involving medicines.

Risks to people were managed well. Staff were observed supporting people to manoeuvre safely using equipment such as hoists and walking frames and we noted that staff ensured that pressure relieving equipment was used if needed. People's care records included risk assessments, which identified how risks could be minimised without limiting people's independence more than necessary to keep them safe. These included risks associated with pressure ulcers, mobility and falls. Where people had been assessed as being at risk of developing pressure ulcers there were systems in place to minimise the risk. This included seeking support from health professionals, providing pressure relieving equipment and supporting people to reposition. Where people had experienced falls, there were systems in place to analyse them for trends and develop ways of reducing future incidents. Risk assessments and interventions were in place that identified potential triggers for anxiety and distress for some people so staff could limit behaviour that some may find challenging.

The service ensured that risk assessments associated with emergency situations were carried out. For example, there was a fire risk assessment in place for the building and each person had an individual personal emergency evacuation plan (PEEP) in place so that staff and emergency workers knew what

support they needed in times of emergency.

Medicines were safely managed. People told us that they thought they received their medicines safely and on time. One person told us, "I have to have my Parkinson's medicines on time and [the staff] do everything for me." Their relative agreed saying, "They are excellent with [my relative's] Parkinson's medication, they get it on time, spot-on." Another person told us, "It's difficult sometimes as I have a number of things wrong with my eyes and I don't always know which condition is troubling me. [The staff] check the eye drops to make sure I get the right ones for what's wrong. I soon know if they've put the right ones in." A relative said, "They are spot-on with medicines in here."

A member of the Care Quality Commission medicines team looked at how the service managed people's medicines and how information in medication records and care notes supported the safe handling of their medicines.

Staff handling and giving people their medicines had received training and had their competence assessed regularly to ensure they managed people's medicines safely. Records showed people living at the service received their medicines as prescribed. Audits were in place to enable staff to monitor medicine stocks and their records to help identify areas for improvement. A system was available for reporting and investigating medicine incidents or errors, to help prevent them from happening again.

Supporting information was available for staff to refer to when handling and giving people their medicines. There was personal identification, information about known allergies and medicine sensitivities and notes about how people prefer to have their medicines given to them. When people were prescribed medicines on a when-required basis, there was written information available for medicines prescribed in this way to show staff how and when to give them to people. The information we saw was sufficiently detailed to ensure the medicines were given consistently and appropriately.

There were additional records in place for people who were prescribed medicated skin patches to show that they were applied to different parts of the body each time to reduce skin effects. However, for medicines prescribed for external application such as creams and ointments, staff could benefit from more information about where on the person's body these medicines are to be applied. Body maps to instruct staff where these topical creams should be placed were put in place during our inspection.

Medicines were stored securely for the protection of people who used the service and at correct temperatures. The service had made improvements to its arrangements for the storage of people's medicines.

There were suitable numbers of staff to meet people's needs. People and staff told us that there were enough staff working at the service. One person's relative said, "There's enough [staff]. They [home] can't help it when there's illness or bad weather, they did really well in all that snow we had recently." We noted that call bells were answered quickly and staff were available if people were looking for help. One person told us, "The staff are always there – I don't press my buzzer often but when I do they're quick to answer." The registered manager calculated how many staff were required to support people by using a recognised dependency tool and planned the staffing levels in line with that. The rota reflected the staffing levels we had seen during our inspection and what we had been told about the planned staffing levels.

We saw that there was a policy and procedure in place for the safe recruitment of staff. The new staff files that we examined showed that this procedure had been followed including disclosure and barring service checks on staff. The registered manager told us that the older staff files were under review to ensure all the

necessary records were in place. This meant that recruitment processes were robust and contributed to protecting people from the employment of staff who were not suitable to work in care.

To help ensure that people were safe, regular health and safety checks were carried out regarding the building and environment, such as legionella water checks, fire alarm tests and fire drills.

Regular servicing schedules were in place to make sure that services within the home were properly maintained and safe to use. This included fire safety equipment, gas appliances and hoists for example. However, some environment checks were slightly out of date. Building work was being undertaken in the service and the registered manager assured us that all the required risk assessments, service plans and safety certificates would be carried out as the building work allowed.

People told us that the service was clean and hygienic. One person said, "[The home's] a lot better than it used to be. My room gets cleaned every day and my carer is excellent. The owner is very good too." Another person said, "I think this place is run more efficiently than it was a while ago and the cleaning is still up to the same standard, which is good."

Staff were trained in infection control and food hygiene, those we spoke with understood their roles and responsibilities in relation to infection control and good hygiene. The service had achieved the rating of five in their latest food hygiene inspection, which is the highest rating awarded.

There were systems in place to reduce the risks of cross infection. There were hand sanitisers provided throughout the building. All the bathrooms and toilets had liquid soap and disposable paper towels for people to use. There were gloves and aprons around the service that staff could use to limit the risks of cross contamination. We saw that staff used the disposable gloves and aprons while preparing to support people with their personal care.

People received care in a manner that minimised the risk of a recurrence of any accidents or incidents. Staff reported and maintained accurate records of incidents such as injuries and falls. The registered manager monitored and reviewed incidents to identify any trends. Staff had sufficient guidance to reduce the risk of repeated accidents.

Is the service effective?

Our findings

During our last Inspection on 29 and 30 June 2017, we found the service was not effective, and was rated Requires Improvement in this key question. We found there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This was because the provider had not applied for Deprivation of Liberty Safeguards when people who lacked capacity to consent, had their liberty restricted.

We also found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014. People's health needs were not always met in a timely manner. Poor records were kept of the input people received from health professionals and there were inadequate systems in place to communicate this between care staff at shift changes. The provider sent us an action plan that detailed the improvements they planned to make. At this inspection, we found that improvements had been made, and the provider was no longer in breach of those regulations.

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.

Staff received training in MCA and DoLS and they were able to demonstrate they understood the MCA and how this applied to the people they supported. People's care records identified their capacity to make decisions and included signed documents to show that they consented to the care provided in the service. People's care records showed that DoLS had been applied for or that they were in place. We observed that staff knew people well, understood their support and communication needs and were able to tell us who was subject to DoLS restrictions, this allowed them to support people in making decisions regardless of their method of communication.

People told us they were supported to access health professionals when needed. One person told us, "Yes, the staff sort all that out. They get a doctor or nurse if they're needed. Someone comes here to do your feet." Another person said, "I've been seeing the doctor for this cold which has gone on for weeks. I've had antibiotics twice." People's records were up to date and included detailed information about treatment received from health professionals and any recommendations made to improve their health was incorporated into their care plans. One person, who had had a stroke, had been referred to the Speech and Language Team (SALT) and the occupational therapist. This ensured that people continued to receive consistent care.

The registered manager completed full assessments of people's individual needs before they started using the service. This meant that the resulting care plans were able to reflect people's needs holistically. The areas covered in the assessment included their physical, mental, social needs and future plans. The management team and the staff worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way.

The registered manager was able to demonstrate that they had a good understanding of relevant guidance and standards and made sure they were aware of changes in legislation that would affect the service. The registered manager told us that they received regular communication and contact from the Clinical Commissioning Group (CCG) about any updates or changes, the National Institute for Health and Care Excellence (NICE), the Suffolk Brokerage and Skills for care. This provided them with up to date information and changes in legislation.

The provider's policies and procedures that were aimed at protecting people and staff from discrimination were displayed within the home and were reflected in the service's statement of purpose, which set out the organisations expectations, culture and approach to equality. Staff received equality and diversity training, which helped them to support people in a way that gave them the opportunity to achieve their potential, free from prejudice and discrimination. One staff member told us, "I always make sure that I care for people the way they want to be cared for." The registered manager told us that these were topics that were revisited during staff supervision and at team meetings.

Assistive technology was used within the service to support people in their everyday life to make life easier or to help keep them safe. For example, for people who were at risk of falling because they were unsteady on their feet, monitors were in place to immediately alert staff when they got out of bed and may need assistance.

People had access to Wi-Fi throughout the service so they could use their electronic devices. People were supported to stay in contact their friends and relatives by email if they wanted to.

During our previous inspection on 29 and 30 June 2017 we found that staff held qualifications in care, but not all staff were up to date with their mandatory training to ensure good practice.

During this inspection people told us that the staff had the skills to meet their assessed needs. One person said, "[The staff] are well trained from what I've seen. They know what they're doing and get on with it." Another person told us, "The care here is very good. Most of the staff seem to know what they're doing – they're all very good". One person's relative told us, "I think the staff are well trained. They seem to know what to do. My [relative] has several medical conditions, but they keep [them] pain free and in good spirits."

Staff told us that they had the training and support they needed to carry out their roles. They were provided with training and the opportunity to achieve qualifications relevant to their role enabling them to meet people's needs effectively. Staff were provided with the opportunity to complete a 'qualifications and credit framework' (QCF) diploma qualification relevant to their role. Training provided to staff included safeguarding, moving and handling, fire safety, and dementia. Staff files evidenced the training staff had achieved. However, we found that although staff had dementia training, it would be beneficial to the people who lived in Cherry Lodge if staff undertook more in depth dementia training as the number of people they were supporting to live with dementia was increasing. The registered manager acknowledged that this was a training need and undertook to provide it. This will mean that staff will have a better understanding about supporting people living with dementia.

The registered manager monitored standards and provided staff with the support they needed in order to fulfil their roles and responsibilities. Records and discussions with staff showed that they were supported. Staff received one to one supervision meetings which provided them with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. The registered manager told us that they had identified some training needs that would benefit the people who lived at the service, more in depth dementia care and had made arrangements to supply it. Staff told us that, if needed, the registered manager and deputy manager led by example and helped on the 'floor'. One staff member told us, "We can always ask for help, the manager and senior staff are there if we need them."

There were systems in place to support people to move between services effectively. For example, there were folders in people's care records which included important information about the person which was sent with them if they were admitted to hospital.

The service supported people to maintain a healthy diet. Lunch was a relaxed, social event and people spoke well of the food. People told us that they chose what and where they wanted to eat. Drinks were plentiful throughout the day. One person told us, "The food is very good, very good. If you fancy something [the staff] will try to get it for you. I didn't feel too good earlier so I sat here in the lounge for my dinner rather than in there [dining room]. I usually go in there but didn't feel like it today so the staff brought lunch to me in here." One person's relative commented, "[My relative] has a good appetite, [they're] not a fussy eater. They often have seconds. I know [they're] happy with the food." We observed this person at lunch in the dining room. They did appear to enjoy their lunch, they ate it all and had seconds of dessert.

Records showed that where there were risks associated with eating and drinking appropriate referrals had been made to health professionals. In addition, records were kept to allow the staff to monitor if people had enough to eat and drink; where people required assistance to gain weight high calorie items such as drinks were provided. The cook on duty during our inspection was knowledgeable about people's assessed needs and preferences in relation to food, they told us that, "I do fortified food for those that needed it, and staff keep me updated." Staff told us that snacks were available for people throughout the day and we saw people were offered drinks on an ongoing basis.

We saw that the rooms were individual to the occupant; people had added furniture and effects to make it personal to them. If people liked to have their possessions close to them they were able to, and they were able to keep their rooms how they preferred. People were complimentary about the environment that they lived in. One person told us that the home was, "... homely, clean and pleasant enough and you can see the sea from here." Another person told us, "It's home to me and has a homely atmosphere. It's simple enough to find your way around." The registered manager told us of his plans to update the service; they were in the process of adding additional rooms and another dining room that would give people more room to eat. He said that once the building work was finished the rest of the home would be decorated and they were planning to make the service easier for people living with dementia to orientate themselves and find their way around the service, with the use of signage and different coloured corridors for example. People would be included in making choices about the choice of colours and artefacts to decorate the home.

Is the service caring?

Our findings

During our last inspection on 29 and 30 June 2017, we found the service was not always caring, and was Requires Improvement in this key question. During that inspection we found that the staff were intuitively caring in nature, but this culture of caring was not promoted consistently by the service. The management of the service had not ensured there were enough care staff to meet people's social and emotional needs, care delivered to people was task focussed and people were left alone for long periods. Staff did not always protect people's dignity and privacy. During this inspection on 6 March 2018, we found the service had made improvements and now showed care and compassion for the people they supported.

People told us that staff treated them well and that they were kind and caring. One person said, "I get on well with one [staff] who does my shopping. There are other [staff] I get on okay with and know me quite well." Another person told us, "It's really very good. I've no fault to find. I know the staff well and they know me I have been here for many years now. We have a laugh together. The staff are very kind." One person's relative told us, "From everything we've seen, the staff treat my [relative] with kindness."

The registered manager told us, "Cherry Lodge is a very caring home. Staff aim to create an atmosphere of warmth and kindness where everyone feels truly 'at home'. All staff are aware that they are working in the residents' home and their work must always be person-centred rather than task led."

We saw examples of positive and caring interactions between the staff and people living in the service. When staff interacted with people, they were open and friendly; we saw there was a light-hearted atmosphere and staff found time to stop to chat with people. For example, we observed a staff member stop and chat with a person who had become anxious and could not find where they liked to sit. The staff member showed compassion and offered reassurance. The person soon settled and was more relaxed and they walked together back to the person's favoured seat.

From the discussions we had with staff, it was obvious that they knew the people well. They were able to tell us people's preferences, background and the help and level of support they needed to retain as much independence as possible. When staff talked with us about people, they did so in a respectful manner and protected their privacy. When working with people, we saw that staff closed bedroom doors when they were supporting people with their personal care needs and spoke softly to them when asking if they needed to use the toilet, which showed they respected people's dignity and privacy. One person told us that, "The staff treat you very well here. If I want some privacy, I go to my room and the staff always come and check I'm okay. I like being with people you see, so I don't often go off on my own except when I'm out gardening."

Staff had developed friendly and warm relationships with people and approached them with a bright greeting and people responded in the same way. We saw a staff member spend time to sit with one person and chatted with them about their love gardening, they had just come in after tidying up the garden. The person was listing the things they planned to plant in the spring. The staff member suggested a few of their favourite plants, the conversation was relaxed and the staff did not rush away or give the impression they needed to move on to their net task.

People told us that staff encouraged them to maintain autonomy and to continue to make life decisions in regards to future plans and their care. One person said, "My partner is in the home too and is affected by dementia. After tea, the staff bring [them] up so we can watch TV together, it's good to spend time together."

People's care records identified that they had been involved in their care planning and where required, their relatives were involved as well. The care plans included people's usual routines, likes, dislikes, and preferences. People had signed the documents to show that they agreed with their contents.

The registered manager told us, "All staff have undertaken dignity training. We have a dignity champion and all new staff complete their induction training, which includes providing dignity and respect."

Records included information about people's friends and family who were important to them and the arrangements for support to maintain these relationships. As well as people's bedrooms, there were areas in the service where people could entertain their visitors, in private if they wished. We saw people receiving their visitors; one person's relative told us that they were always welcomed when they visited their relative. They said, "I can visit anytime, there are no restrictions. I can stay and have dinner with [my relative] if I want to."

Is the service responsive?

Our findings

During our last inspection on 29 and 30 June 2017, we found the service was not always responsive, and was rated Requires improvement in this key question. We found that there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found that care plans were not always updated to record people's current needs, neither did they identify the support people required to engage in meaningful activity to continue their individual hobbies and interests. Nor did they include sufficient information about people's backgrounds, personal histories, hobbies or interests that would help staff to engage with them. The provider sent us an action plan that detailed the improvements they planned to make. At this inspection, we found that the service had kept the care plans updated so they identified people's needs as well as their preferred activities and hobbies. The provider was no longer in breach of a regulation.

People told us they were happy with the standard of care they received. The registered manager completed an assessment with people before they moved in. The registered manager told us, "Each prospective admission is carefully assessed before coming to live at the home. This involves talking with the prospective resident, their family and their Social Worker and/or Community Nurse. Where possible it also involves visiting them at home to gain a clearer picture of their current lifestyle." This helped to ensure that the service could meet the person's needs. Records confirmed that, where they were able, people had visited the service before making a decision as to whether or not they wanted to move in.

The care plans recorded information about the person's likes, dislikes, aspirations and their care needs. Care plans were person centred and detailed enough for the staff to understand how to deliver care to people in a way that met their needs and without discrimination. Staff supported people in ways that reflected their wishes. For example, one person was supported to look after the garden including weeding it and planning for the new seasons and buying new plants. Another person was supported maintain their membership of their over 60s club and to meet up with their friends in town. This showed that the people were able to make choices that were important to them and that their preferences were respected.

People were supported and encouraged to maintain their independence in areas that they were able to, including choosing their own clothes, how to spend their time, what to eat and dealing with their own personal care. We talked with people about how their needs were met, they were positive about the staff's supportive and caring attitudes. For example, one person told us, "The manager is very good. He's helping me sort out the bank, as I seem to be paying for things I don't need to be paying for. He's very helpful and is going down to the bank with me this week so I can sort things out." Another person said, "I come and go as I please, I can't get about as much as I did but no one stops me going out."

Along with their preferences and expectations, if people were happy to share them, their personal histories were recorded. This enabled the staff to get to know people well and to be able to support them in the way they wanted to be. Care plans were clearly written and had been reviewed and updated to reflect peoples' changing needs and preferences. The registered manager told us, "People and their relatives are invited to participate in reviews if they wish, this gives them the opportunity to provide feedback or alter their own

care plans."

Different activities and outings were planned and staff worked together to make sure people were provided with the opportunity of participating in activities to reduce the risks of boredom. People chose whether they wanted to take part and the staff acted in accordance with their wishes. There were photographs in the service of people taking part in activities. One person said, "We do some tapestry and knitting and of course I love my gardening. No I'm never bored."

Outside entertainers were booked to visit the home. Parties and social gatherings were arranged for cultural celebrations and other important days. This included people's birthdays and family celebrations. In the summer, the service organised garden parties and people's families and friends were invited.

However, the registered manager acknowledged that more planned activities could be offered to people and undertook to develop the activities further, and told us, "Everyone is encouraged to use their abilities to the full, as far as they choose to do so. One resident chooses to keep busy by preparing vegetables for the cook and by pottering around in the garden. People have told us they would like a few more things going on and have made suggestions of what they would like to do. I am going to see what can be done."

People told us that if they needed to complain they were confident it would be handled quickly and dealt with properly. When asked if they had made any complaints, one person said, "Oh yes, I have done at times. I've dealt with the manager and the deputy and the seniors, things then get sorted out." Another person said, "The manager will always listen to me if I have a problem. He makes me feel that my opinion matters." One person's relative told us, "I don't have any worries or concerns now. It was different before this manager took over, things got bad for a while. The new manager has made a difference." The registered manager told us, "There have been no formal complaints since I have taken over management. Our positive attitude to any criticism is very clear to those honest enough to speak openly: we are pleased to know how we can improve. We keep a 'Complaints, Comments, Compliments' book beside the visitors signing in book. Any complaints would be taken seriously and action taken quickly to resolve them."

People's care records included information about the choices that people had made regarding their end of life care. This included whether they wished to be resuscitated and where they wanted to be cared for at the end of their life. The registered manager told us, "As people age and their health and mobility deteriorate, assessments are made with healthcare professionals to enable us to meet changing needs. End of life care choices are made when appropriate and usually only when life is drawing to an end. We bear in mind that this is a topic that can lead to distress and fearfulness in those with high levels of anxiety or little capacity to understand. We involve people's loved ones in making these decisions for or with their relative."

Is the service well-led?

Our findings

At our last inspection on 29 and 30 June 2017, we rated this key question Inadequate. During that inspection we found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was no effective oversight of the quality of the service from the provider, registered manager or the deputy manager. The provider did not have a system in place to monitor the quality and safety of the service. The provider had not been carrying out any checks on the quality of the service which meant there was a lack of oversight, which led to a failure to recognise shortfalls that placed people at risk of harm. The provider sent us an action plan that detailed the improvements they planned to make. At this inspection, we found that improvements had been made, and the provider was no longer in breach of a regulation.

There was a new registered manager in post and people, relatives and staff were complimentary about the management of the service and felt there had been an improvement to the quality of care offered to people since the registered manager had taken up the post. The registered manager was also one of the three partners in this partnership who had experience as a registered manager in the other provider's service. One person said, "The manager and I get on alright, he quite often comes to see me and asks if I'm alright." All of the people we spoke with told us that they liked the registered manager and felt he was committed to improving their quality of life. One person told us that, "There is nothing too much trouble, the manager and the deputy manager go out of their way to make us comfortable."

The registered manager said they were well supported by their deputy manager, who took the lead in all matters relating to peoples' lifestyles, their care and their quality of life. The registered manager held responsibility for home management, finance and payroll. Both took an active role in promoting staff welfare, although the deputy manager was responsible for regular supervisions.

The service promoted an open culture where people, relatives, visitors and staff were asked for their views of the service provided. This included 'resident and relative meetings' and satisfaction questionnaires. The registered manager told us, "This team approach extends to identifying the strengths within the staff team as a whole. A head Senior will have clearly defined areas of responsibility, I will oversee the efficient running of the daily cleaning routines and infection control measures, home maintenance and decor. The keyworker system, overseen by the deputy manager, encourages each member of staff to take initiative in promoting the highest possible quality of life for each individual and ensuring widely different needs are met. Residents and staff can often be the catalyst for change. Both the provider and deputy manager encourage this and staff know that they will be heard. This includes encouragement to freely express problems and concerns, as well as emphasising whistleblowing responsibilities."

Staff told us that the registered manager was often seen around the home, saying that he was very visible and supportive. One staff member said, "He is there if you need help, he is always there, you can call him if you need advice."

The minutes of staff meetings showed that they were kept updated with any changes in the service or to

people's needs and they were encouraged to share their views and comments to improve the quality of care. Staff told us that they were happy working in the service. One staff member said, "The management team are approachable and give us support when we need it."

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners and district nurses.

The service made sure that they kept us updated about important events within the home in the form of notifications. People's care records were kept securely and confidentially, and in accordance with the legislative requirements. The records were kept secure in the office at all times when not in use.

The management team and the provider now thoroughly assessed the quality of the service through a regular programme of audits. These included audits on medicines management, health and safety, care records and the care provided to people. These were effective in identifying shortfalls where improvements were needed. Where shortfalls were identified, records demonstrated that these were acted upon promptly. This contributed to enhancing the quality and safety of the service people received.