

Warrington Homes Limited(The) Warrington Lodge

Inspection report

The Linleys
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Ratings

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

Summary of findings

Overall summary

About the service

Warrington Lodge is a ground floor purpose-built care home providing accommodation and personal care for up to 21 people with a diagnosis of dementia. At the time of this inspection there were 21 people living at the service.

People's experience of using this service and what we found

Staff were knowledgeable about the people they supported and the individual needs they had. Staff provided a support system for relatives as well as the person concerned and understood the impact a person's 'journey through dementia' had on the wider network.

The home was relaxed, calm, and people moved through their day at a pace that suited them. Staff were seen to be effortless in their interactions with people and it was clear there was a whole staff approach to engaging people in the home.

The service demonstrated a strong person-centred culture. Paramount importance was placed on empowering people to make choices and share and express their views. We observed that people were active participants in their environment and took responsibility over the home. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs were met by staff who had a detailed induction and access to the training they needed. The service benefited from having two training officers on site who kept track of where staff were in their development.

People told us they felt safe and that staff were always available to help them. Potential risks had been identified and action taken to mitigate them. Staff had undertaken safeguarding training and were aware of their responsibilities to identify and report potential abuse.

People and their relatives were positive about the service and how it was run. There was a mutual appreciation between staff and the management team. The director of the service had his office in the home and was available for people, visitors and staff to approach at any time should they need to. This created a culture of accountability and transparency in the home.

The management and staff worked well with external professionals and we received extremely positive feedback from all the professionals we spoke with about this service. Staff knew people well and detected any changes early on to ensure people received the right support at the earliest stage.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 13 September 2013).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Warrington Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one medicines team inspector.

Service and service type

Warrington 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 had a manager who was in the process of registering with the Care Quality Commission. This meant the provider was currently solely legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with 10 members of staff including the provider, manager, head of care, care workers,

housekeepers and the chef.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three health and social care professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe and that staff were always available to help them. Comments included, "I feel quite safe here. I am not in any danger" and "I have my things here in my room. I feel safe living here, there are no worries."
- Relatives felt confident staff would do their utmost to protect people's safety commenting, "From the moment you step in the building, staff will tell you where she is, they know all the time. No concerns about safety at all" and "My relative feels safe and comfortable here and the staff know her which is worth its weight in gold."
- People were kept safe because systems were in place reducing the risks of harm and potential abuse. Staff had all received safeguarding training, and were aware of their responsibilities in reporting concerns, and the concerns of those they supported. Staff told us, "I would go to the head of care and report immediately. I feel happy to do this. We have a poster in staff room about going externally if I had concerns about the management or anything" and "We have done training, make sure people are safe and do things appropriately for people. We can raise anything and talk to anyone. There is safeguarding team number."

Assessing risk, safety monitoring and management

- We saw that people had risk assessments in place for falls, mobility the environment and an individual risk assessment comprising of risks around choking and leaving the home. We observed the home had sensors that could be activated if required. This alerted staff to motion so they could go and check a person and offer assistance if required. This was used for people at high risk of falls or who would be unable to summon assistance through other means.
- Risk assessments recorded how the risk was managed or reduced and showed this was reviewed on a regular basis. For people at risk of falls their environment was considered and made as clutter free as possible and a low profiling bed would be implemented. We saw that referrals to the GP had been made where needed and the service had worked with people to seek their agreement to putting extra checks in place.
- One person had been experiencing increased falls and the measures in place were being regularly reviewed. The person was actively mobile and wanted to continue to be, so the service was working with them to not restrict this, but to keep them as safe as possible. The person continued to be at risk as this was their choice to continue mobilising independently, but increased checks and measures were in place.
- Staff at times supported people who displayed distressed behaviours. Staff told us they felt confident in assisting people at these times and had received training. One staff said, "We don't ever make people feel that they are wrong, we get down to their level and make sure they know we are supporting them. If I feel it's a situation I can't manage on my own I will take a step back and find a colleague to support." One health and social care professional told us, "The management and staff are very approachable and willing to help."

They always offer to help and or stay if a person has a temperamental behaviour or if we want assistance."

- One person had incidents recorded on an observation tool. The service had further supported the person by making a referral to external professionals. Staff we spoke with were knowledgeable about how to support people and were recording their response to any incidents.
- A maintenance staff was based on site to oversee the building and attend to any issues. In addition, they completed regular checks around fire safety, emergency lighting and equipment. Staff would record any issues in a maintenance book which was checked daily. One staff told us, "We don't run out of anything, if it breaks its fixed pretty quick and we have a maintenance person on site." One relative said, "The maintenance man came in when they had a power cut, it was the weekend and he just came. They are amazing."

Staffing and recruitment

- The home employed sufficient levels of staff to meet support people and meet their needs. During our inspection we observed staff were visible, available and took time to support people as and when needed.
- All staff we spoke with told us they felt there was enough staff to enable them not only to support people safely, but to have time to spend with them. Staff told us, "There is definitely enough staff, we have the best part of the job as we go in and find out so much about residents and can chat to them and learn about their stories", "There is enough staff definitely. There is no one I would want to not work with."
- Relatives told us they had not experienced any problems with finding staff to support when they visited commenting, "No problems with staff, when I ring the bell they come quickly. There is always staff around and they seem happy", "Senior level staff has been consistent" and "I really don't think there are any improvements, all the staff are fantastic, they keep the place fully staffed."
- Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. During staff appraisals, staff are asked if there has been any changes to their DBS record in the last 12 months and to declare this.
- We saw that although original identification documents had been viewed and a copy recorded on file these were not signed to say the original had been seen and the date of this. This had been done prior to the current manager being in position, so she was unable to give a reason why this had not been followed. The manager told us "A full audit will take place of all personnel files to ensure the relevant documents are included and ID verification is applied."
- The manager had also implemented documenting the interview questions asked and potential new employee's responses since they had been in post.

Using medicines safely

- People's medicines were managed safely. There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security.
- Staff administering medicines undertook regular training and competency assessments. The medicines administration records we reviewed showed that people were given their medicines in the prescribed way.
- Creams and other topical preparations were recorded on separate charts and they showed they were being applied as directed.
- The fridge temperature was being recorded daily, however only the actual temperature reading was recorded and not the minimum and maximum temperature during each day. When made aware the provider immediately developed a new recording template to ensure these values were also documented going forward.

Preventing and controlling infection

- We found the service to be very clean and homely. Staff were able to explain how standards of cleanliness

were maintained and the infection control procedures they would implement if required.

- Relatives praised the housekeeping staff for the presentation of the home commenting, "The home is lovely and clean, it doesn't smell, I don't know how they do it but its lovely" and "They wash the carpets every week, it's amazing."

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed by the home manager.
- This included a review of the incident and actions taken at the time and following the incident. It considered how the person was after the event and if any assessments needed to be updated in preventing a reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found that they were.

- Where people were being deprived of their liberty, a DoLS had been applied for. The manager kept track of these and also a log of any conditions that had been made from approved DoLS.
- Staff had received training in the MCA and demonstrated a good understanding of how to apply this in practice. One staff told us "For people who lack capacity we support them in their best interests. We have capacity assessments and best interests' meetings, so we act within this and it's recorded in their care plan."
- We saw that one person had received a flu vaccine from their GP and the staff member had been asked to sign the consent form for the person in October 2019. The manager was unaware of this event. Staff explained that they understood they could not consent on the person's behalf and going forward would not agree to this again. The manager informed us that, "We will ensure that consent for flu jabs is made by the appropriate person, MCA and best interest decisions will be made prior to flu jabs this year." This was the only example of this we saw.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had a thorough assessment of their needs prior to any service being offered. Staff had access to the assessments and knew people's needs well.
- Relatives felt that staff were competent in delivering best practice care. One relative said, "Staff are all knowledgeable about my relative." A health and social care professional told us, "Every week there tends to be changes made to the management of some people. These are always carried out without any problems."

Staff support: induction, training, skills and experience

- New staff were supported to complete an induction programme before working on their own. This

included being shown around the home, interacting with people and receiving important information about the service. Staff told us, "The induction is good, the trainers work through the care certificate books with us and there is face to face training and shadowing" and "Everyone makes sure you go through things in detail."

- People's needs were met by staff who had access to the training they needed. We viewed the training records for staff which confirmed staff received training on a range of subjects including safeguarding adults, dementia, person centred approach, death and dying and equality and diversity.
- The service benefited from having two training officers on site who kept track of where staff were in their development. Training meetings were held weekly which enabled a good oversight of staff's training needs and support. The manager told us, "having trainers on site mean they can do the manual handling and first aid any time. They check all the slings for the hoists to make sure they are in working order."
- Staff were positive about the training opportunities available to them commenting, "They really push you to do your training here, I have learnt a lot. Training is good, we have booklets and then face to face", "We have mandatory training and can-do further courses if we wish as well. I have just had oral care training last week, and tomorrow is fire marshal training" and "Opportunities are available if you want, any training and can try different roles."
- People were supported by staff who had three monthly supervisions (one to one meeting) with their line manager and an annual appraisal. The manager had recently completed all staff appraisals as an opportunity to get to know staff better. One staff told us, "The manager is visible, she's really nice, and did our appraisals so was nice to have that time with her, she always has door open and sorts things out really quickly."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they liked the food and were able to make choices about what they had to eat. Comments included, "The food is good here, you get a choice, but I am not a big eater", "I have my meals in the dining room, the food is good there is choice and different things each day" and "Food is rather good, you always get a nice pudding."
- People were encouraged to drink throughout the day, and we saw people in their rooms and around the home with fresh drinks in front of them. Relatives told us people were supported well with meals and drinks saying, "The food is fantastic, staff are brilliant, completely fantastic", "Staff are so calm about everything. When my relative is ill they implement a special diet, they are straight on it" and "Staff have worked with my relative to ensure she has a healthy diet. Staff have supported her and brought her back from being very ill. They monitor her well."
- We observed the meal experience for people and saw it was a positive interactive event. People came to the dining room by themselves or assisted by staff. For people in a wheelchair they were asked if they would prefer to transfer into a chair. A pictorial menu was available on the noticeboard and another menu on each table. There was also information available listing what each meal ingredients were so people with allergies could check, such as fish, nuts or egg.
- There was a team approach to supporting people with their meals and staff sat beside them, chatting and assisting at a comfortable pace and in a dignified manner. Staff were polite, asked permission and spoke respectfully to people. The meals looked appetising and staff took time to explain what the meal was, and check things were ok. People were not rushed, and staff ensured each person had what they needed before serving the next person. One person did not want the starter that had been prepared for them and the staff immediately took it back to the kitchen and prepared something else to the persons choosing.
- Food was served promptly and cleared efficiently with staff working in a well organised manner. The accompanying sauce was put in a side jug for one person they could decide if they wanted this or how much they wanted. For pudding people were offered pancakes in line with Shrove Tuesday but alternatives of ice-cream, cheese and biscuits or fruit was also available. Staff told us, "We always offer a hot drink with the

pudding also."

- The chef took consideration in producing seasonal food saying, "If a dish doesn't go down well we change it every week. We have food reviews for people to complete." We saw that fresh cakes were made every day, however in order to cater for people on a gluten free diet, all the cakes were made gluten free. This would not be fair to people who might not want a gluten free cake. We raised this with the manager who said it would be addressed. Following our inspection, the manager told us, "I have mentioned this to the kitchen manager, and this has been addressed with immediate effect."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health care needs were monitored, and they were supported to access health services when needed. Health and social care professionals told us, "Staff are always willing to offer information about people and appear to know their residents well" and "Staff call through if there is a pressure area developed or vulnerable area on a person, and when the nurses advise care and treatment they are fast to react and always willing to take advice."

- A GP visited the service weekly and staff would share any concerns or make a request for people to be seen as needed. One health and social care professionals told us, "Their [staff] knowledge is excellent. Staff also seem to have a very good understanding of relatives and close family. They keep me completely up to date with changes in the needs of people."

- Relatives praised the staff for the communication they received when a family member was poorly commenting, "Communication is good. They will call the doctor, they do everything that is necessary" and "The minute she falls they ring. They know immediately what to do. They have dealt with doctors' visits. The staff make a professional judgement and they are good to take action."

- Health assessments including oral health were completed. This looked at if a person could manage their own oral health needs, what toothbrush they use and how often they wished to see a dentist. We observed in the treatment room clear information was displayed for staff to be aware of people with a current infection, and if short term care plans were in place.

Adapting service, design, decoration to meet people's needs

- The environment afforded people social areas to enjoy other's company and then quieter seating areas to retreat to. The building had a lot of natural light and was purpose built around a main courtyard. People could access this at any time.

- There were clear signs both written and pictorial to aid people in navigating around the service. We saw that people had memory boxes outside their rooms with personal items of significance to them and their rooms were personalised to their taste.

- People were observed to be comfortable and confident in this environment and one person told us, "Come and see my room, it's lovely, I have two windows and can watch people walking and see animals."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The ethos of people and staff being like 'one family' was felt throughout the home and adopted by every individual staff member irrespective of their role. One relative commented, "I think this place is absolutely fantastic. Everybody knows my relative, from the maintenance man to the person who brings her tea and coffee." One staff explained, "It's a home here, people are like your family." Another relative said, "It's like a family here, it's fantastic."
- The staff were knowledgeable about the people they supported and the individual needs they had. Staff played an active role in further understanding people and gathering information to support in ways that mattered the most. Staff provided a support system for relatives as well as the person concerned and understood the impact a person's 'journey through dementia' had on the wider network. One relative said, "They deal with all different diagnoses of dementia, but they deal with people as an individual." One staff told us, "I love my job, I couldn't imagine doing anything else, dementia is so intriguing, when you chat with people and they open up to you, it is the best."
- People had specific dementia care plans in place which stated the type of dementia they had and the individual impact it had on that individual on a day to day basis.
- One relative described the immense support staff had provided to them and their relative during the difficulties and complex changes as the person progressed in their dementia. The relative told us, "They have been fantastic here adapting to mum during her whole journey, taking on her needs as they change. Staff know her so when they see things change, they can respond, and they have been fantastic."
- One health and social care professional spoke about the professionalism that was demonstrated by the staff with ease commenting, "During our visits the staff are always professional and communicate effectively with the residents. Staff are able to relate people's information without always having to consult the notes as they know their residents well. The staff appear to tailor their communication and approach to people dependent of their individual needs such as dementia and behaviour."
- People were being supported by a staff team who genuinely loved their jobs and set people's welfare and wellbeing at a high benchmark. One health and social care professional told us, "The service provided by the staff at Warrington Lodge is outstanding. They really do care for people and provide the best service they can. They manage a wide range of challenging clinical issues with a totally person-centred approach. This is evident right from the first day a person arrives in the home down to the terminal phase if or when that eventuality arises."
- The home was relaxed, calm, and people moved through their day at a pace that suited them. Staff were seen to be effortless in their interactions with people and it was clear there was a whole staff approach to engaging people in the home. We observed some staff were unable to walk the length of a corridor without

singing in their work, enticing people to join in and taking time to chat with people.

- People and relatives spoke warmly about the staff and the culture of the home was one of an equal footing rather than an 'us and them' approach. Comments included, "It's lovely here, the staff are all very kind", "I am fine here, it's good. The staff are lovely, they are around when you need them", "The staff are all smiling, and they aren't doing it just for CQC" and "The staff are amazing. I can't fault them."

Supporting people to express their views and be involved in making decisions about their care

- The service continued to demonstrate a strong person-centred culture. Paramount importance was placed on empowering people to make choices and share and express their views. One person told us, "I like challenges and I am able to say what I like and want." Staff were heard asking people where in the home they would like to be supported to go and spend time. All observed and overheard interactions were respectful, unrushed and kind.

- We observed that people were active participants in their environment and took responsibility over the home. For example, people got involved in daily preparatory activity such as prepping vegetables for lunch and laying the table. We saw that people had put a rota of who was laying the table on which day up on the noticeboard. Staff told us, "Lots of people love doing it, so the one's that enjoy it now take turns."

- Staff were mindful of when a person's dementia progressed to take steps to ensure they did not become withdrawn. One relative told us, "My relative won't join in these things now. They used to fold laundry and lay tables and staff encouraged this but now they don't join in. Staff instead spend the time with her in her room."

- One health and social care professional said, "The staff are welcoming and friendly and there is always a sense of 'family' when I visit. I always feel that the staff, from managers to the laundry lady and the domestic and kitchen staff, work as a team to provide the best care and 'home life' and never cease to be amazed at the care and attention that the residents receive and 'the extra mile' is never too much trouble."

- Staff had an in-depth awareness of individuals' and a wealth of background knowledge was obtained about people's lives to continue supporting them in ways that were meaningful to them. One health and social care professional told us, "The whole team has the person at the centre. This is down to the staff's detailed knowledge of them and how they behave and function." Staff were able to easily reflect on any given person and provide insight into the kind of person they were and how they liked things done.

Respecting and promoting people's privacy, dignity and independence

- People were treated with the utmost dignity and respect during care interactions and in general daily interactions. Staff demonstrated in their manner and practice how they followed these values without effort, as simply part of the way they undertook their roles.

- We saw people had plaques on their bedroom doors stating "Stop! Respect my privacy and dignity. Please knock and await a reply before entering." We saw staff consistently employ this method before seeking permission to further support people in their rooms.

- Staff took pride in supporting people to maintain their personal appearance and understood the importance that feeling and looking good had on a person. We saw people looked smart, had their glasses where required and were positioned well when requiring adapted recliner chairs.

- One health and social care professional praised the staff for their attention to detail when offering care commenting, "The staff are seen as being professional in their communication and behaviour when with the residents. The residents are always dressed well with clean clothes and appear clean in appearance. The staff are seen respecting people's dignity as they will always shut doors for professional visits and appear to respect the residents in their approach to their care."

- People's fundamental right to retain their independence was recognised and promoted. One staff told us, "I always ask if people want to do things for themselves first and encourage this. They can do some parts but just need prompting or a bit of support."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care, treatment and support plans were personalised. The examples seen were thorough and reflected people's needs and choices. 'This is me' documents showed a photo of each person with detailed information including, what worries them, how they communicate and about their mobility. My life stories were available enabling staff to learn about people's background, early family life work and things of significant.
- Consideration was given to people's wellbeing and reflection sheet about what was working for the person or not working. We observed that care plans were reflective of what people liked to do. For example, one person's worry was being restricted and what helped them feel better was to walk around. We saw this person being able to do this through the inspection and frequently interacted with by staff.
- We saw that one person's personal evacuation form did not record their anxious behaviours and scored the person as having low anxiety. We raised this with the manager who told us this would be amended. Following our inspection, we were informed this had been updated.
- Staff completed notes daily about the care support they had given to people. We saw these records detailed people's wellbeing and were not task focused in their nature. This was reflective of how staff took time with people in interactions around the home.
- People's needs were reviewed regularly and as required. Where necessary the health and social care professionals were involved. A monthly review form showed what had changed, what had stayed the same and when it had been completed. One relative told us, "I can request a review and update with staff, they are very accommodating and whenever anything happens we talk on the phone."
- Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. We listened to a handover and saw that any concerns were shared, and staff were allocated on the floor to ensure the smooth running of the shift. One staff told us, "We feel like one big team here. Every shift we come in and get a handover and tell us what's been going on."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been identified and included in their support plans.
- Good information was recorded around how staff could effectively support people, including affording

time for the person to digest words. One plan stated that if they were unable to communicate a choice at that time to give time and try again.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service provided a varied programme of activities that people were encouraged to participate in. Some of these included chair exercise, singing, crafts and entertainers coming in. The service had an activities co-ordinator who was enthusiastic and knew people well. A record was kept of people's participation and what they enjoyed. We heard staff heard informing people what activities were taking place in the afternoon and offering to support them to go. One health and social care professional told us, "Their care to residents appears to be very respectful and person centred. They offer lots of activities within the home and the residents appear happy and comfortable."
- For people who preferred smaller groups or chose to spend time in their room, one to one time was spent with them. One relative said that their family member did not always wish to join things following a spell of illness, but staff told them they had joined in a song commenting, "They took time to tell me this which as a relative is lovely to hear."
- People told us there were opportunities available to socialise and follow interests, but some people preferred to do their own thing. Comments included, "I like sitting in the lounge, there is bingo this morning but I am not a big one for bingo so I may join this afternoon", "I don't always want to join in the activities but there are things going on, I prefer to do my own thing" and "I visit my friend, I am going out today, I enjoy playing my musical instrument."
- Relatives spoke positively about the activity provision saying, "They take them out to shows and day trips", "I am very impressed with the activities they do here" and "They have BBQs in the summer for people to come to." The activity staff told us, "One person gave a talk to the other residents, we make our own birthday cards, we have the creepy crawlies in, and the session is so interactive. In the summer we are always out, as soon as this weather is good we are outside."

Improving care quality in response to complaints or concerns

- People's concerns and complaints were encouraged, investigated and responded to in good time. We saw that a meal sheet was available to record any concerns people had about the food so this could be discussed with the chef and amended following meals.
- Relatives praised the service for their response to complaints stating, "I have been involved in meetings and two suggestions I made were immediately acted upon, like the next day and they were only minor suggestions", "I haven't had any issue to make a complaint ever" and "I don't know what you could complain about here."

End of life care and support

- People and their relatives were given support when making decisions about their preferences for end of life care. We saw any decisions people had were detailed in their care plan. One staff told us, "I have supported a person with end of life care. You have to keep your emotions in check and support the family. The senior was supportive to staff and told us to take a few minutes if we needed."
- One health and social care professional told us, "We often visit Warrington for end of life care. We make recommendations and the staff are always compliant with these. The staff are very aware of end of life management and will always ring through if something needs to be reviewed."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were positive about the service and how it was run. Comments included, "My relative has been here a while, I haven't found anywhere I would rather my mum be" and "Staff always have time to talk when I come or on the phone. There are no restrictions on when I visit, they welcome me and call me by name." One health and social care professional told us, "I would have no hesitation in recommending Warrington Lodge to friends, family and clients alike."
- There was a mutual appreciation between staff and the management team. Staff told us the manager was approachable and supportive commenting, "Management is good, we are all close and can say anything and feel involved", "I feel supported, the team are great. We all talk, they don't make us feel that they are the manager, we are all the same" and "The manager is good, she's new, but we can go to her anytime and she helps." The manager told us the staff worked well together and were supportive to her in return.
- Providing a good quality service was important to all of the team. The director of the service had his office in the home and was available for people, visitors and staff to approach at any time should they need to. This created a culture of accountability and transparency in the home. The manager told us, "It is so good to have the director on site, it's unusual as most are not. He doesn't micro manage but he's there for support. We have a meeting every week."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team had a good understanding of their responsibilities under the duty of candour. The provider's statement of purpose was given to anyone who enquired about the home. We saw this contained the director's contact details so they were available to people and how they could make a complaint. This demonstrated a good level of transparency.
- The management team worked in the home on a daily basis and were accessible to people. One staff said, "The manager is on the floor a lot and the office door is always open." One health and social care professional commented, "We find the manager approachable, knowledgeable about the residents and maintains good communication. The manager is often around during our visits and we visit weekly."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. We saw completed audits for areas including infection control, medicines and care plans.

Senior staff completed regular checks including for documented care, medicine administration forms and call bell checks.

- The manager had a system in place to ensure an overview of falls and infections on an ongoing basis. Each fall and infection was recorded as they occurred. The manager discussed it weekly with the head of care to see what needed to be implemented. The manager told us, "It could simply be the person's slippers, it could be the area in which the falls are happening, but it allows me to have this oversight and make changes."
- Action plans had been put together from the last CQC inspection, commissioning and contract visit, feedback from people and relatives and the audits. The manager had a folder demonstrating what had been implemented since her being in post and the guidance created for staff. This showed clear examples of the work completed in understanding the service and working towards improving outcomes for people.
- The registered manager understood their responsibility to inform us of any notifiable incidents. Staff we spoke with understood their roles and felt able to ask any questions if they were not sure of anything.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were able to share their views using quality questionnaires. One relative said, "They regularly ask us for feedback, we try and do this face to face as well. We don't wait to be asked if there is anything we want to ask we just contact them."
- People were able to keep up to date with news from the service with a monthly newsletter. This contained events, local knowledge, a welcome to any new people, birthdays shout outs and puzzles. We saw staff had received compliments from people and relatives which described them as kind, caring, and how grateful to them people were.
- Staff were able to attend team meetings and minutes were kept. Staff told us there was good teamwork at the service and morale was high. Comments included, "The staff team is good, we are close, the care team always let us know things, communication is good" and "It's very nice working here, the team is good. If we have new staff we are supportive."
- People and their relatives also attended regular meetings. An action plan would be put in place from this which stated who would be responsible for overseeing each item and by when. This would then be reviewed at the next meeting, so people knew what action had been taken. One relative told us, "Communication is really reassuring and good."

Continuous learning and improving care

- The manager was keen on promoting a culture of learning and development. Since being in post they had implemented new assessments around infection control products, a new duty of candour letter and created their own action plan. The manager had also reviewed previous reports and looked at the action taken in response and what improvements had been made or were needed. The manager told us, "I like to involve the staff in decision making and run ideas past them and take on board their feedback of what works."
- Relatives told us they had started to see improvements commenting, "The service is good at trying solutions and helping people. They have never said they can't cope with anything they do everything they can to support people" and "The new manager is making certain changes which is good and updating things."

Working in partnership with others

- The management and staff worked well with external professionals and we received positive feedback from professionals about this service. Comments included, "I feel that I have a good working relationship with all the staff and am always satisfied that my concerns regarding a resident are taken seriously and any recommendations that I make are always incorporated and implemented" and "The team are really professional. They really know people well and everything seems to be at their fingertips. They certainly deal

with any queries very rapidly and well."

- The management team had attended the Local Authority safeguarding training. The manager told us, "I think it's good to go to the Council one to ensure we know what it is they want from us."