Rusthall Lodge Housing Association Limited

Rusthall Lodge Care Home

Inspection report

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Ratings

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

Overall summary

The inspection took place on 12 November 2014 and it was unannounced, which meant that the provider did not know that we were coming.

Rusthall Lodge Care Home is a residential home providing personal and nursing care with accommodation for up to sixty seven older people, some of who were living with dementia. At the time of our inspection, sixty one people lived at the home.

The management team at Rusthall Lodge included the general manager who was in the process of applying for registration with CQC at the time of our inspection. There was a registered manager at the home. The deputy general manager was the registered manager with CQC at the time we inspected the home. 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.

Summary of findings

We carried out this inspection in response to some concerns raised through Healthwatch Kent speak out forum completed at an event in Tunbridge Wells on 09 October 2014. A local Healthwatch organisation is a statutory body set up across a local authority area to champion the views and experiences of local people about their health and social care services. The areas of concerns centred around the delivery of care to people and lack of skilled staff including staff support.

The provider had systems in place to manage safeguarding matters and make sure that safeguarding alerts were raised with other agencies, such as the local authority safeguarding team, in a timely manner. All of the people who were able to converse with us said that they felt safe in the home; and said that if they had any concerns they were confident these would be quickly addressed by the registered general nurse (RGN) in the first instance, or by the general manager who was applying to be the registered manager at the time we visited.

The home had risk assessments in place to identify risks that may be involved when meeting people's needs. The risk assessments showed ways that these risks could be reduced. We found risk assessments on various areas of care such as falls, mobility, bed rails and diabetes. These risk assessments were reviewed in November 2014. We saw that accident records were kept and audited monthly to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents.

There were two passenger lifts with access to all floors. We checked the two lifts and found them to be in good working order. There was a maintenance contract plan in place. The home had well-proportioned bathrooms; wet rooms and toilets. There were several communal lounges and dining areas which were pleasant and offered people choices about where they wanted to eat or sit.

There were no indications that staffing levels were too low to meet people's needs. Staff were not hurried or rushed and when people requested their care or support, this was delivered quickly. The provider operated safe recruitment procedures. All nurses' registration (PIN) numbers were regularly checked to ensure that the nurses were on the active register of the Nursing and Midwifery Council (NMC).

Medicines were stored and administered safely. Nursing staff administered medication. Clear and accurate medicines records were maintained.

People said, "Staff were well trained and knew what they were doing". Staff knew each person well and had a good knowledge of the needs of people who lived at the home. Training records showed that staff had completed training in a range of areas that reflected their job role. Staff told us that they had received supervision and appraisals were on-going.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests. We found the home to be meeting the requirements of Deprivation of liberty safeguards.

People said that the food was good. The menus offered variety and choice. It provided people with nutritious and a well-balanced diet. People had a choice of hot foods and sandwiches each day; and a choice of two main meals and desserts at lunch times.

People and their relatives told us that they were involved in their care planning, and that staff supported people with health care appointments and visits from health care professionals. Care plans were amended immediately to show any changes, and care plans were routinely reviewed every three months to check they were up to date.

People told us they were always treated with kindness. Staff were patient and encouraged people to do what they could for themselves, whilst allowing people time for the support they needed. Staff had suitable training and experience to meet people's assessed needs; staff encouraged people to make their own choices and promoted their independence.

People's needs were fully assessed with them before they moved to the home to make sure that the home could meet their needs. Assessments were reviewed with the person and their relatives. People were encouraged to take part in activities and leisure pursuits of their choice, and to go out into the community as they wished.

People knew how to make a complaint if they were unhappy. One relative said, "If I need to complain, I will go to the manager. She is very approachable".

Summary of findings

People spoke positively about the way the home was run. The provider had a clear set of vision and values, which we observed that both the management team and staff followed. The management team and staff understood their respective roles and responsibilities. Members of staff told us that the general manager was very approachable and understanding. They said they were encouraged to raise issues or make suggestions and felt they were listened to.

The home had a system to monitor and review the quality of service they provided. The way the home was run had been regularly reviewed. Prompt action had been taken to improve the home and put right any shortfalls they had found. Information from the analysis of accidents and incidents had been used to identify changes and improvements to minimise the risk of them happening again.

Summary of findings

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.

People were protected from harm. Risks to people's wellbeing were understood and addressed in their care plans, or with representatives, where appropriate. There were enough staff employed to ensure people received safe care.

There were safe and robust recruitment procedures in place. The design of the premises enhanced the levels of care that people received.

Medicines were safely stored and administered.

Good

Is the service effective?
The service was effective.

The home ensured that people received effective care that met their needs and wishes.

People's rights were protected under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

Good

Is the service caring?
The service was caring.

The management team and staff demonstrated caring, kind and compassionate attitudes towards people. People told us they were always treated with kindness.

People's diversity and values were respected. Staff valued people's privacy and ensured their dignity.

People were supported in promoting their independence and encouraged to receive visitors.

Good

Is the service responsive?
The service was responsive.

People's needs were fully assessed with them before they moved to the home to make sure that the home could meet their needs. People were asked about their likes and dislikes, which had been used to inform people's care plans.

The management team responded to people's needs quickly and appropriately whenever there were changes in people's need. Actions were then quickly taken, including the involvement of external professionals where necessary.

There was a complaints procedure that had been followed when people had complained.

Good

Is the service well-led?
The service was well led.

The provider had a clear set of vision and values, which were used in practice when caring for people.

Good

Summary of findings

There was a robust staffing structure at Rusthall Lodge. Both management and staff understood their roles and responsibilities.

There were systems in place to review the quality of service in the home. Action was taken as a result of these audits to improve the care and service.

Rusthall Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 November 2014 and was unannounced.

Our inspection team included three inspectors and one expert-by-experience who carried out interviews with people which is how we obtained people's views. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had knowledge, and understanding of older persons residential homes, hospital support, and supporting family and friends with their health care.

We carried out this inspection in response to some concerns raised through Healthwatch Kent speak out forum completed at an event in Tunbridge Wells on 09 October 2014. A local Healthwatch organisation is a statutory body set up across a local authority area to champion the views and experiences of local people about their health and social care services. The concerns were about the delivery of care people, lack of staff and lack of staff support. Before the inspection, we asked the provider to complete a 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 reviewed the information included in the PIR along with information we held about the home. We reviewed our records including correspondence and notifications. Notifications are information about important events which the service is required to tell us about by law. We also reviewed safeguarding alerts received by CQC and previous inspection reports.

As part of our inspection, we spoke with twelve people, ten relatives, two registered general nurses (RGN), five health care assistants (HCA), compliance manager and one activity coordinator. We spoke with the general manager who had the overall responsibilities for the home, which were different responsibilities to the registered manager and was a representative of the provider instead of the registered manager who was away from the care home when we inspected. We also contacted health and social care professionals who provided services to people. These included community nurses, dietician, local hospice staff, local authority care managers and commissioners of services.

Some people who were living with dementia were not able to verbally communicate their views with us or answer our direct questions. We observed peoples care and support in communal areas throughout our visit to help us understand the experiences people had. We used our Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at the provider's records. These included six people's records, which included care plans, health care notes, risk assessments and daily records. We looked at nine staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures. We also looked around the care home and the outside spaces available to people.

We last inspected Rusthall Lodge on 02 August 2013 and we had no concerns.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. They said, "I do feel safe here". "They make sure I am safe and looked after" and "Staff know what they are doing to keep us safe". Relatives felt their family members were safe in the home. One relative said, "I am happy that my dad is safe here". We observed staff helping people to move using equipment safely.

The provider had taken reasonable steps to protect people from abuse. There were systems in place to make sure that safeguarding alerts were raised with other agencies, such as the local authority safeguarding team, in a timely manner. Nursing staff told us that they would tell the manager or deputy manager of any safeguarding issues. The manager would then alert the local authority safeguarding team and the Care Quality Commission. One member of staff said, "I will document it, inform the manager and refer to local authority safeguarding team. I will then notify CQC".

The compliance manager confirmed to us that staff had undertaken safeguarding people training. They said, "We have refresher training today amongst which is safeguarding". Nursing and care staff who were on duty during our inspection told us that they had undertaken training in safeguarding and protecting people from abuse. They described their training and the various types of abuse to look out for to make sure people were protected. Information was displayed on notice boards about who to report any concerns to if staff suspected that any kind of abuse was taking place. Staff were also aware of the whistle blowing policy. Safeguarding and whistleblowing policies and procedures contained the latest guidance and staff knew where to find these if they needed further guidance.

Each person's care plan contained individual risk assessments in which risks to their safety were identified such as falls, mobility, diet, bed rails and skin integrity. Guidance about any action staff needed to take to make sure people were protected from harm was included in the risk assessments. People confirmed that the risk assessments had been discussed with them. The general manager described the action they had taken to minimise the risk of falling for one person who had had a number of falls. There was a clear plan in place which staff were aware of and used. Where people's needs changed, staff had updated risk assessments and changed how they supported people to make sure they were protected from harm. For example, where people were identified as at risk of developing pressure ulcers, specialist equipment such as pressure relieving mattresses and cushions had been obtained.

Before our inspection we received information of concern that the lift did not work. There were two passenger lifts with access to all floors, these were in good working order. We asked staff if the lift had ever broken down and not repaired. A member of staff said, "Our lift has broken down before but it took only few hours and it was repaired". There was a contractual lift service and maintenance agreement in place and the last repair date was July 2014.

The design of the premises enhanced the levels of care that staff had provided because it was specious, well decorated and had been suitably maintained. The environment suited the needs of people. Safety checks had been carried out at regular intervals on all equipment and installations. Fire safety systems were in place and each person had a personal emergency evacuation plan (PEEP) to make sure staff and others knew how to evacuate them safely in the event of a fire.

We had received information of concern that there was not enough staff at this home. We found that there were no indications that staffing levels were too low to meet people's needs. Staff were not hurried or rushed and when people requested their care or support this was delivered quickly. We observed staff providing care in a timely manner to people throughout our inspection. Staff responded to call bells quickly. People told us there were enough staff on duty to ensure their safety. People said that call bells were answered promptly and that staff usually came quickly when they rang for help. We looked at the print out of response times to call bells. These showed that the majority of calls were answered quickly by staff. We looked at staff rotas and the manager explained how the number of care and nursing staff on each shift was decided in consideration of people's care and nursing needs. In addition to care and nursing staff, four activities coordinators were present in the home on weekdays to provide activities for people. Staff were also employed to carry out maintenance, housekeeping and catering roles to make sure that the environment was suitable for people and they received enough to eat and drink.

The provider operated safe recruitment procedures, which ensured that staff were suitable to work with people safely.

Good

Is the service safe?

Staff recruitment files included completed application forms. Applicants attended an interview and legally required checks such as disclosure and barring checks were carried out before they started work. All nurses' registration (PIN) numbers were regularly checked to ensure that the nurse was on the active register of the Nursing and Midwifery Council (NMC).

Medicines were safely stored and administered by staff qualified and trained to do so. We observed that medicines were given to individuals safely and in a private, quiet, protected environment. All medicines were stored safely. Clear and accurate records were maintained of each person's medicines including when they were administered. We observed that the nurse made sure that medicines which were time sensitive were administered at the right time. Two nurses carried out a medication audit after each medication round to ensure proper procedures had been followed and people had received the medicines they needed.

Good

Is the service effective?

Our findings

Relatives said, “As part of the care plan for my relative, he was asked ‘what is important to you’, which I thought was really nice. His responses were recorded so that staff know how to support him”. We asked one person what the care and support was like at night and they said, “I don’t sleep well but the staff are top notch they bring me a cup of tea and talk with me for a while no trouble”. A relative said, “It’s absolutely wonderful they are very respectful at mealtimes they ask mum discreetly if she can manage”.

Prior to our inspection we received information of concern that there were lack of proper items to reduce the spread of infection such as wipes, gloves and aprons (PPE).We found there were good supplies of PPE and the staff were using these. No staff reported concerns to us about the lack of this equipment.

We also received information of concern that people were not being offered appropriate continence care pads overnight and that staff had not been responding to requests when people required their continence pads changed. Because the information was anonymous we could not ask for more detailed information. Staff told us that people’s continence needs were assessed by a continence nurse and people had access to at least four pads in any 24 hour period. As there was nothing to indicate that people’s needs were not being met in this area we could not corroborate the information received.

All staff completed training as part of their probationary period. New staff had comprehensive induction records which they worked through during their first two weeks. Staff told us that they were mentored by the nurses to help them to complete their induction. We noted that the staff inductions were flexible to ensure that staff gained a sufficient level of competence. Some staff told us that their induction had lasted more than two weeks. Staff were confident that by the end of their induction period they had attained the skills and knowledge to be able to care for the people living in the home. These skills were built upon with further experience gained from working in the home, and through further training. Staff told us that their training had been planned and that they could request further specialist training if needed. Some staff had received dementia awareness training as it had been identified that several people may be in the early stages of developing dementia. The general manager was keen to develop their skills and knowledge. They had completed the on line training about the Key Lines of Enquiries offered by the CQC and cognitive behavioural theory course. This enabled them to offer effective care to the people they looked after.

The compliance manager showed us new training plans that had been implemented to update staff skills. The compliance manager said, “We have refresher training today in areas such as Safeguarding, Deprivation of Liberty Safeguards (DoLS), Mental Capacity Act (MCA), Dignity and Respect, Food Safety, Emergency First Aid, Health and Safety, and Infection Control”. The provider promoted good practice by developing the knowledge and skills staff required to meet people’s needs. The staff training plan showed that all staff had been trained in key areas which were required to meet people's needs. Staff undertook additional training courses outside of the training required by the provider to develop their skills and knowledge.

It was acknowledged by the general manager and staff that recently there had been a period where supervisions had not happened regularly. However, the general manager had identified this and had taken steps to improve the situation. The registered manager had appointed a clinical lead nurse who was responsible for supervising qualified nursing staff for their professional development. Other staff told us that they had received supervision. There was effective delivery of care because staff were well informed and participated in daily shift handover meetings. These meetings were structured to provide staff with up to date information about people’s needs before they started their shifts.

Staff showed they had the skills and knowledge required to meet people’s individual needs. Staff spoke confidently when they described what people’s needs were and the part they played in delivering the care in people’s care plans. People with more complex health needs were known to staff so that their health and wellbeing were maintained. Staff were aware of people with special dietary requirements and diabetes. Staff understood how to deliver care where people required additional support from two staff. We observed staff use specialist equipment to move people safely. The team on shift supported each other and an agency nurse we spoke with who was in charge of part of the home had enough information to effectively deliver nursing care.

The general manager, nursing and care staff, were developing systems within the home that ensured people’s

rights were protected under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Although not everyone living in the home required DoLS assessment the care recorded that staff considered this for people who needed it. For example, people who wanted to go out of the home into the local community who may need observation to keep them safe had an assessment in place that covered their best interest. This was good practice because the staff in the home considered the least restrictive options for people without depriving them of their liberty. Staff understood people's assessments in these areas. We did find one example of a person who should have had a best interest meeting about receiving their medicine mixed with food (covert administration). This was discussed with the registered manager. They informed us that the GP had agreed to this without a best interest meeting. However, there were other examples which indicated that when necessary the correct processes were followed. We did not believe that the one issue we found was indicative of the way the registered manager and staff balanced issues about people's rights, best interest and safety as we found evidence of best interest meetings held appropriately for other people.

Consent was sought from people about a range of issues that affected them, for example, for medical interventions such as the use of catheters and consenting to their personal care being provided by staff. Where others were acting in someone's best interest to make decisions on their behalf, such as people with power of attorney, this was identified in their care file. People with power of attorney were consulted when discussions took place about consent and best interest, for example, when decisions were made about non resuscitation or end of life care and support.

Care plans contained guidance for staff about the choices and decisions people had made in relation to their end of life care and support. These included information about where people have appointed people with lasting power of attorney or have living wills in place. Care plans also contained guidance for staff about people's preference for active resuscitation. People had signed 'do not actively resuscitate' (DNAR) orders for their involvement in this decision, together with a health care professional. If people did not have the capacity to make this decision, this decision was taken and signed for by their relative or representative.

Although DNAR orders were in place for people who lacked capacity to make this decision, records about the assessment of their mental capacity to make this decision and the decision taken in their best interest were inconsistent. For example, one person's DNAR showed that they had no capacity to make this decision. Mental capacity assessment was carried out and recorded, but the decisions referred to were general and not specific to the decision to actively resuscitate. We found that there were varied inconsistencies in recording mental capacity assessments and best interest decisions specifically for DNAR. It was unclear whether current good practice guidelines have been followed. The manager told us they were aware of the inconsistencies and was in the process of reviewing and updating all care plans.

The risks to people from dehydration and malnutrition were assessed so that they were supported to eat and drink enough to meet their needs. People who had been identified as at risks had their fluid and food intakes monitored and recorded. Staff responded to concerns about people's weight or fluid intake by seeking advice and additional support from people's general practitioner (GP), urology nurses and dieticians. We contacted the nutritional dietician who explained to us that patients do receive safe care when being tube fed. They told us that the home used simple and clear care plans which ensure the patient received their feeds and fluids at an appropriate time which had to be signed by the nurse and was checked regularly through the day. When a patient's condition changed, staff were prompt to call their office to ask for support to ensure the patients fluid and nutritional needs were met. They said, "In my opinion, Rusthall Lodge provide good care which is safe and responsive to the individual's needs. The patients look well cared for and comfortable".

Staff told us how they encouraged people to eat and drink. One said, "If someone did not eat their food I would always go back and offer them something different." Another said, "People get plenty of food and they are offered snacks and at other times"; "People can get food and drink during the night if they want it, like tea and toast". We observed that people who were awake early in the morning were offered drinks and snacks.

People had a choice of hot foods and sandwiches each day; and a choice of two main meals and desserts at lunch times. The food looked appetising and was well presented.

Good

Is the service effective?

Hot and cold drinks and snacks were offered at regular intervals throughout the day. People were supported to make their own decisions and choices in their day to day life. People could choose whether to eat their meals in the communal dining room or in the privacy of their bedrooms. Nurses told us "Some residents like to get up early and some late. They have a choice of tea or coffee first thing in the morning if they want it and then there is breakfast from 7am" and "One resident is up at night and there is always food and drink available for them" and "A couple of residents like to get up early and they are always helped to get up at their chosen time. Staff helped people to eat and drink considerately, chatting with them and assisting them without rushing them. Some people had their meals in their own rooms due to personal choice or due to their general frailty whereby they did not wish to leave their rooms. Staff adapted the way they approached and talked with people in accordance with their individual personalities and needs. For example, when helping a person who had difficulty with eating, staff gave the person constant encouragement.

People or their representatives were involved in discussions about their health care. One person said, "They take me across the road in my wheelchair to the doctors to get my blood test and they have regular one to ones with me where I can discuss anything I want about my health or just for a chat". Records confirmed that there were systems in place to monitor people's health care needs, and to make referrals within a suitable time frame. The records were up to date and contained suitably detailed information. Staff implemented the recommendations made by health professionals to promote people's health and wellbeing. Staff described the actions they had taken when they had concerns about people's health. For example, they maintained soft diets for people with swallowing difficulties, protected people who had allergies from exposure to foods that would make them ill and repositioned people who were cared for in bed on a regular basis to minimise the risk of pressure ulcers developing. A GP had recommended change in the medication provided. We saw that staff had acted on this promptly. The care files showed that staff provided individualised care to people based on their needs assessments. The care that had been provided was recorded in detail.

The GP told us that the person was safe, staff were caring and knew the person quite well. They said staff communicates effectively with people and asked for the right help at the right time. They said "They [their patient] look to me, well cared for with good basic care and good nursing care. Both patient and family seem to be happy with the home. I have no concerns about this home".

Good

Is the service caring?

Our findings

One person told us "It's very good. I'm more than satisfied". "Staff are always polite and look after my privacy. They are nice and friendly". "They help you with the things you need. Staff are kind". "If I was worried about anything, I would talk to the nursing staff". "I choose the menu, there are choices. There is some choice about when I get up and go to bed. I go when I want to. I'm very happy here; it suits me and staff all very nice."

People told us they were always treated with kindness. Staff were patient and encouraged people to do what they could for themselves, whilst allowing people time for the support they needed. Staff supported people different needs. Staff assisted people to play board games in the lounge. Staff interactions with people were positive, which encouraged people to decide what they wanted to play, with whom they wanted to play and to enjoy themselves.

People were comfortable and relaxed when speaking with staff. Staff were kind and caring in their attitude and did not rush people. One nurse told us "We have time to chat to people; it's not just about the task." We saw that staff allowed people time to express their wishes, they listened and took action. One person told a health care assistant (HCA) that they wanted to move to a different table in the lounge but they couldn't move their wheelchair. The health care assistant immediately assisted the person to move to where they wanted to.

People's diversity and values were respected. Staff described in detail how they respected people's individuality. One nurse told us, "The residents are all different. It's about getting to know them and their individual preferences and more holistic caring. We've had training in equality and diversity." One person's care plan gave staff guidance about what they needed to make them feel valued.

People were supported by staff who were knowledgeable about their needs and preferences. One health care assistant described how they considered one person's preferences when providing care, such as leaving the light on at night and providing extra blankets. Care plans contained guidance for staff about people's preferences, such as how they liked to spend their time, the activities they enjoyed and whether they expressed a spiritual interest. Care plans also showed detailed information about people's biographical history. One nurse told us "When a resident comes in, we talk to them and their family to get to know their background, the person they were and the person they are now, the things they like to do and we get to know them. We incorporate activities and their interests".

One member of staff who co-ordinated activities told us that people chose what they would like to do and this was recorded in their care plans. The staff member explained that they spent time with people on a one to one basis as they went round the home and engaged people to help them join in. One person's care plan showed they enjoyed music and playing bingo. The activity programme for the week showed that singing and bingo were available.

People's bedrooms were personalised with their own belongings, such as ornaments, photographs and pictures. Care plans showed that people and their relatives had been consulted and involved in planning how they wanted their care to be provided. One person said, "I was able to choose a room and the care plan was set up after an assessment at the hospital". The relative said, "The move was all managed very effectively by the manager, which was wonderful. As part of the care plan my relative was asked 'what is important to you', which I thought was really nice and his responses were recorded so that staff know".

People's privacy and dignity were respected by staff. People were assisted discreetly with personal care. Staff supported people to stay in the privacy of their bedroom should they wish. In the morning, we saw that those people already up had their bedroom doors open, whilst those still in bed or being assisted to get up, had their bedroom doors closed.

Rusthall Lodge had bright roomy rooms with lots of areas for chairs and tables so that residents and visitors could have their privacy if they wish. One visitor told us, "I come when I want to." One person went out with their relative for the day. The manager told us that visitors could come and go as they chose, and either use the communal lounges or the privacy of people's bedrooms. "There is plenty of areas to go in private if I want to be with my family" and "Staff always knock on our doors before entering". People's information was treated confidentially and personal records were stored securely. Policies and procedures on 'Values of Privacy, Dignity, Choice, Fulfilment, Rights and Independence' had been updated and staff put these into practice.

Good

Is the service caring?

People were supported in promoting their independence. One nurse told us "If they can wash their face, we support them to do this. One person gets visitors and pops out to go to the village, so staff go with him. We're as flexible as we can make it." People are supported to use local community facilities such as the theatre.

Visitors were welcomed to the home. We observed throughout our inspection that people received visitors as they wished. All of the visitors said they were always welcomed into the home and we saw one visitor being asked if they would like to stay for lunch. One relative said, "I like it as I can come in any time and I come every day and I am always made welcome".

A relative said, "Mum has been here for two and a half years. She was in a bad way when she came here and we didn't think she would last but the staff have been wonderful and brought her back. They are just so caring.

One nurse described in detail how they respected and implemented people's preferences about their end of life care. The nurse told us, "The hospice is good at liaising with us, they visit the home and there is good support for one person, who is having hospice care".

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. They said, "We went to see Joseph [a theatre show] in Tunbridge Wells and it was fantastic. I was so thrilled; we were all clapping and singing" and "Well I just tell them and they do whatever I want and if I want to stay in my room then that ok but they do try to encourage me to go and join in".

The registered manager and staff gathered as much information as possible about people's life histories, who they were and their interest and hobbies. People were asked about their likes and dislikes, which had been used along with the other information to inform the persons care plan. People's individuality and character shone out of the records we viewed. Staff benefited from getting a real sense of the lives people had led prior to moving into the home. The detail included information about their personal grooming requirements and their preferred hygiene routines. People's care files demonstrated that people who were important to them had been fully involved in the assessment and care planning process. Diversity was respected, for example people's recorded preferences reflected their cultural backgrounds. These care plans ensured staff

knew how to manage specific health conditions and care needs, for example dementia.

People's needs were fully assessed with them before they moved to the home to make sure that the home could meet their needs. Assessments were reviewed with the person concerned and their relatives and care plans had been updated as people's needs changed. The staff had changed a person's diet in response to recommendations from a dietician because the person's health had improved. People could be confident that when changes happened they received the care and support they needed.

Each person had a named member of staff as their key worker. However, some people told us that they do not know their key workers. One person said, "Never know who will attend to you, it may be another new face this morning". We raised this at the feedback with the general manager and we were assured this will be addressed. Staff told us that handovers between staff when they came on and off of shift were useful. Staff discussed how each person had been when they handed over to the next shift, highlighting any changes or concerns. The daily hand over sheets were checked by the registered manager daily so that they would be 'in the loop' with any issues discussed at handovers.

Staff described how they offered people choices on a day to day basis. We observed that staff were attentive to people's request for assistance throughout our inspection. During our observations, we saw that staff involved people in decisions about their daily care, such as where they wanted to have their meals or if they wanted to join in with the activities.

The home employed four activity coordinators. Whilst activities were being offered we noted that these were being reviewed by the new general manager and the newly appointed non clinical compliance manager. The compliance manager told us that they had recognised that the activities needed to be improved for people. Staff were in the process of completing lists which detailed each person's individual interests, so that the activities coordinators could expand the number of group and individual activities on offer.

There were lots of interaction between people and the activities staff. People helped with card making and people were chatting. One person said, "It is wonderful" and another said "There is always plenty to do morning and afternoon". One relative said, "Bingo poetry, singing, musical movement and trips out, they do it all". There had been a remembrance service held the day before our inspection had taken place. People told us that it was so well organised. Everyone said it was lovely. The local pastor came and one person did a reading. One person said "We had proper order of service books all made here" and another said "They went over and above what they had to do and what we expected".

There was a complaints procedure which told people how to make a compliant and the timescales for a response to be received. This had been followed when people had complained. Staff were familiar with what to do if people approached them to complain and they understood the policy. A nurse in charge told us how they tried to resolve issues to people's satisfaction if they were unhappy. Records demonstrated that complaints were responded to in writing and that people were kept informed of the progress of any investigations. A relative said, "I have no complaints I feel very happy that my relative is here". People and their relatives told us they knew how to

Good

Is the service responsive?

complain if they needed to. They said they would have no problem talking to the general manager. One person said, “She [the general manager] is always around and they do listen to us”.

Good

Is the service well-led?

Our findings

People spoke positively about the way the home was run. They told us the manager and staff were approachable and the management team often chatted with them and asked them how things were. One person said, "If I am worried about something, I can talk to her [the manager]" and "I had regular meetings with management and every discussion was actioned". Relatives told us they felt that the home was well run and could speak to the manager at any time if they had any questions or concerns. We saw that people were comfortable with the management team and staff in the home. The manager was visible in the home and people said she was always around in the morning and they saw her throughout the day.

The provider had a clear set of vision and values. These stated 'We aim to ensure that our residents receive the best care and are made to feel at home and secure from the moment they come into the Lodge.' The management team demonstrated their commitment to implementing these by putting people at the centre when planning, delivering, maintaining and improving the service they provided. Our observations showed us that these values had been successfully cascaded to the staff who worked in the home. For example, one person who recently moved in to the home told us that he had a good transfer from hospital and the management and staff were very good in supporting them. They said they were able to choose their room and the care plan was set up after an assessment at the hospital. The relative said "This move was all managed very effectively and the manager has been wonderful".

The management team at Rusthall Lodge included the general manager and the deputy general manager was the registered manager with CQC at the time we inspected the home. Support was provided to the general manager by the board of trustees, in order to support the home and the staff. For example, a member of the board of trustee visited home on 24 August 2014. The report written by the trustee identified some concerns raised by staff which was were passed to the general manager who acted on these. An investigation was launched into a missing item and the person felt that it was handled appropriately. There was also support available from the compliance manager to staff. The home had registered general nurses who supported the health care assistants. This hierarchy allowed the manager to focus on the needs of the home, people who lived there and the staff who supported them.

We spoke with the general manager about their roles, responsibilities, challenges, risks and achievements. They told us that they have been in post for about five months and the challenges they face centred around staff resistance to change and in order to overcome this, they will keep educating and explaining the need for change to staff. The manager said the change was needed because, "We need a culture change here." They told us that they had nominated staff as dignity champions, updated all care plans since they had been in post. The manager had also increased staffing levels. Four new activities coordinators had been recruited, which further promoted activities for people inside and outside the home. This led to people living a more active life. We asked people about the changes in the home. People felt that the changes were needed to drive forward good care. One relative said, "Lots of changes but generally happy".

Members of staff told us that the manager was very approachable and understanding, "Our new general manager is very nice and approachable". They said they were encouraged to raise issues or make suggestions and felt they were listened to. We also spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

Communication within the home was facilitated through weekly management meetings. This provided a forum where clinical, maintenance, catering, activities and administration lead staff shared information and reviewed events across the home. Staff told us there was good communication between staff and the management team.

People were asked for their views about the service in a variety of ways. The provider carried out satisfaction surveys annually to gain feedback on the quality of the service received as well as monthly 'resident' and 'relatives' meetings where people were asked about their views and suggestions. The manager told us that completed surveys

Good

Is the service well-led?

were evaluated and the results were used to inform improvement plans for the development of the home, for example, the board of trustees had approved the structural expansion of the building as a result of people's feedback.

'Resident' and 'Relatives' meetings enabled the manager to keep people and their families up to date with what was going on in the home and gave people an opportunity to comment, express any concerns and ask questions. Topics discussed included; activities, menus and maintenance. We saw that suggestions were acted on. One person said, "When we say things at the meeting they do listen and try to act on it".

There were systems in place to review the quality of service in the home. Monthly and weekly audits were carried out to monitor areas such as health and safety, care plans, accidents and incidents, and medication. Any accidents and incidents were investigated to make sure that any causes were identified and action was taken to minimise any risk of reoccurrence. Records showed that appropriate and timely action had been taken to protect people.

Board of Trustee meetings were held in the home and board members visited the home to carry out audits. The general manager told us that the trustees had been very supportive.