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# Kiln Lodge

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Kiln Lodge provides accommodation and personal care for up to 24 people, some of whom may be living with dementia or have a physical disability. At the time of our inspection 21 people lived at the home.

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

A registered manager was not in post. However, the manager had submitted an application to the Care Quality Commission (CQC) and this was in progress.

People's care planning records contained detailed risk assessments linked to their needs. There were mostly safe medicines administration, management and storage systems in place. The provider and manager were in the process of embedding more robust systems and protocols in relation to medicines management and administration. The provider had processes in place to learn from incidents and accidents. There were sufficient staff to meet people's needs and keep them safe.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People and their relatives felt staff were well trained. We found that supervisions, appraisals and team meetings had not been completed consistently but that there had been an improvement since the manager had been in post.

People and their relatives told us that the food was good. People were encouraged to maintain a healthy, balanced diet, based on their individual needs and could access food and drink when they wanted to. Staff involved people, and where appropriate, their relatives to ensure people received effective health care support.

People, their relatives and professionals were positive about the quality of care and support people received. We saw a warm and caring approach by staff with positive and kind interactions between staff and people. Staff spoke about people with genuine interest and affection. There was a strong emphasis on promoting people's independence and people's private information was kept confidential.

Care plans were personalised, and each person's preferred personal care routines were detailed and incorporated their preferences. We observed most staff were unhurried and spent time interacting with people and were focused on the well-being of each individual. People and their relatives were positive about the activities available. People and relatives knew how to complain if they needed to and felt they would be listened to.

The service was led by a management team whose passion and drive to deliver a good service, leading by example, was evident. The manager promoted an inclusive, value based and positive culture and were

committed to developing and valuing staff. The provider and manager had established links with external agencies ensuring successful partnership working. The manager and provider had quality assurance procedures to drive on-going improvements that were not always effective.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 17 January 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### 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 ●

# Kiln 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

This inspection was carried out by one inspector.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission (CQC). This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. However, at the time of the inspection, there was in post a newly appointed manager who was in the process of applying to be registered with the CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last 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 four people who used the service and four relatives and one professional about their experience of the care provided. We spoke with eleven members of staff including the provider, the manager, the deputy managers, carers, human resources manager, housekeeping manager, housekeeper and the head of the kitchen.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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 received feedback from three 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider lacked clear risk assessment and mitigation plans putting people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12.

- People's care planning records contained detailed risk assessments linked to their needs. These explained the actions staff should take to support people safely in their preferred ways. For example, there were comprehensive diabetes, mobility and smoking risk assessments in place
- People had a personal emergency evacuation plan (PEEP) which detailed the support needed to leave in an emergency. Contingency plans were in place and staff were aware of what to do in the event of an emergency.
- People were protected from risks from the environment such as poor sanitation, unsafe use of chemicals and waste disposal. The environment and equipment were safe, well maintained and the appropriate checks, such as gas safety checks and hoist safety checks, had been carried out.
- Fire safety was managed safely. Fire risk assessments showed that actions identified had been completed.

### Learning lessons when things go wrong

At our last inspection the provider lacked systems to assess the safety of the service which placed people at risk. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 17.

- A system was in place to record and monitor incidents and this was overseen by the manager to ensure the appropriate actions had been taken to support people safely.
- Accidents and incidents were documented and investigated. We saw that incidents were responded to. For example, we saw the changes the manager had made following a medicines incident.
- The provider had processes in place to learn from incidents and accidents. The manager could describe learning from incidents to reduce risks of reoccurrence. We saw how learning had been shared with the staff team.

### Using medicines safely

- There were mostly safe and suitable medicines administration, storage and management of medicines

systems in place. However, we found that medicines care plans lacked sufficient detail to ensure people were supported safely and audits were not consistently completed and acted on when actions had been identified.

- Protocols were mostly in place to guide staff on the use of medicines prescribed 'as required'. The guidance was there, and staff were aware, but they needed more detail.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.
- There had been concerns with the medicines, but the manager had been working with the local pharmacist and new protocols were being put in place which would make the medicines safe.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate policies and systems in place to protect people from abuse. The manager understood their responsibilities to safeguard people from abuse.
- Staff understood their responsibilities to safeguard people from abuse and knew how to raise concerns to ensure people's rights were protected. One staff member told us, "I would go straight to [the manager's name], go to [owner's name] or I'd phone CQC."
- Staff were confident any concerns they raised to the manager would be dealt with appropriately.
- Safeguarding information and signposting were displayed within the service.

Staffing and recruitment

- There were sufficient staff to meet people's needs and keep them safe. We observed sufficient staffing levels during the inspection and saw staff were unhurried in their interactions with people.
- We spoke to staff who confirmed there were sufficient staffing levels. Feedback was positive about how the manager and provider had improved recruitment and increased the staffing levels. One staff member told us, "That is what I like about [Manager's name], she has stopped all the rushing around."
- Staff files contained the information required to aid safe recruitment decisions and protect people from the employment of unsuitable staff.

Preventing and controlling infection

- There were processes in place to manage the risk of infection and personal protective equipment (PPE) such as disposable gloves and aprons, were available for people and staff to use.
- Throughout the inspection we observed staff using PPE appropriately. A staff member told us, "There are gloves and aprons in every room and bathrooms. The housekeepers go around and restock."
- The home was clean, tidy and odour free. Waste was disposed of correctly. The housekeeping manager told us about the new cleaning system they had introduced within the home; it was a more consistent and systematic approach than had been in place. However, more time was needed for it to be fully embedded within the service.
- Staff were trained in infection control.



# 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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, regularly reviewed and included their physical, mental health and social needs.
- Records showed initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they had any cultural or religious beliefs or needs which needed to be considered when planning for their support.
- Care plans were kept under review and amended when changes occurred or if new information came to light. We saw how the provider had been working with other healthcare professionals to improve their care planning processes.

Staff support: induction, training, skills and experience

- People and their relatives felt staff were well trained. One relative told us, "All staff I have seen so far all know what to do."
- Staff new to the home were supported with a comprehensive induction that had been implemented by the manager which had been updated to include oral hygiene support.
- All staff received a range of face to face training, e-learning and observed supervisions and competencies to ensure they had the necessary knowledge and skills to do their jobs. A staff member told us, "I feel fully supported now."
- Training was regularly refreshed and updated. Training which gave staff the opportunity to better understand people's experiences and medical conditions was particularly valued. For example, the manager had arranged bespoke training from the district nurses which included observations.
- We found that supervisions and appraisals had not been completed consistently but that there had been an improvement since the manager had been in post. Staff were positive about the manager and told us they were now receiving regular supervisions

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

- People and their relatives told us that the food was good. Comments included, "The food is good here", "It's very good. [Relative's name's] is on a pureed diet and I often taste it so can tell her what it is; it is lovely, homecooked" and "[relative's name] eats more in here than she ever did at home. Very good. We even shared recipes."
- We observed the lunch time experience. The tables were set with tablecloths and napkins with cutlery, condiments and vases of fresh flowers. We observed people being offered a choice of drinks with their meal and additional food choices, such as more vegetables or different types of vegetables. Each person was

asked and served individually by staff who were attentive and relaxed.

- People were encouraged to maintain a healthy, balanced diet, based on their individual needs and could access food and drink when they wanted to. The home had a menu with choices available to choose from however people were able to order off the menu whenever they wanted. A new initiative had been introduced; 'fruity Friday' where people were encouraged to create their own personalised fruit salad.
- The chefs were trained in medical conditions such as diabetes and dysphasia and made a point to get to know people and their preferences. People were supported to have what they wanted. A relative told us, "They give her what she wants to eat."
- We saw people being offered drinks and food throughout the day and were supported by staff who had received food hygiene training. A selection of drinks and snacks were accessible to people throughout the day. One person told us, "Drinks are available in rooms."
- Information on people's weight was kept up to date in their care records and was monitored. The manager told us how they ensured people who were losing weight were referred to the most appropriate healthcare professionals.

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

- Staff involved people, and where appropriate, their relatives to ensure people received effective health care support.
- The service worked with other organisations to ensure they delivered joined-up care and support and people had access to healthcare services when they needed it. Records showed people had been seen by a range of healthcare professionals including GP's, community registered nurses and Chiropractors.
- People had health care plans which contained essential information, including information about people's general health, current concerns, social information, abilities and level of assistance required. This could be shared should a person be admitted to hospital or another service and allowed person centred care to be provided consistently.

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

- We saw the environment was designed to support people to move around safely; it was spacious with dementia friendly signage and accessible grounds and gardens.
- People's rooms we looked at had been personalised to each person's preferences.
- Specialist equipment was available when needed to deliver better care and support

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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- The manager had ensured that these authorisations had been applied for where necessary and these were reviewed when required. Staff were knowledgeable about how to protect people's human rights.
- People had mental capacity assessments that were decision specific and a consultation had followed to enable a shared decision to be made about what was in the person's best interest. However, the recording of the best interests' decisions were not as detailed as they could have been.
- Staff gave us examples of ensuring people were involved in decisions about their care. We observed that people were supported to have maximum choice and control of their lives. One staff member told us, "They are not institutionalised and have choice and can do what they want. This is their home and they've got a choice."

# 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 the same. 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; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were positive about the quality of care and support people received. Comments included, "They are all very good", "They look after her so much better than I could", "We're quite happy the way it is going, the way they look after him", "They talk to [relative's name] with feeling, me and my brother find that reassuring" and "The care and attention given to my mum over the time has been fantastic."
- Professionals were positive about the care people received from the staff team. Comments included, "The care is very good", "I was impressed by the friendliness of the staff and their obvious care for the residents" and "Staff had a good rapport with any relatives or friends visiting Kiln Lodge and I certainly felt that the care provided to residents was safe and of a high standard."
- Visitors stayed for long periods and spent meaningful time with their loved ones. People told us that their families could visit when they wanted them to. A relative told us, "I am able to visit whenever; I can come early, stay for meals, stay late in the evenings."
- We saw a warm and caring approach by staff with positive and kind interactions between staff and people. For example, when observing people being supported with their medicines, staff were observed to discretely promote people's privacy and dignity and kneel to be at eye level with people. We observed them spending time chatting with people and supporting them in a calm, unhurried way at the person's pace.
- Staff spoke about people with genuine interest and affection. Staff told us, "It's really nice to talk to them and find out things about them and who they are. [Person's name] used to be an usherette. It gives you something to talk about", "it is finding out and not to think they are all the same because they are not" and "I enjoy interacting with the residents, I do quizzes with them or I sing with them and get them to sing. It's amazing how you can start a conversation off and have some join in, then another and end up with a few joining in."
- People were supported to express their views throughout our inspection. People were supported to whichever place they wanted to go to. Staff responded quickly and appropriately to their needs.
- The manager met with each person monthly to discuss their support needs and to identify any changes. They had also introduced 'family reviews' where people were encouraged to invite those they wanted to be involved in regular formal reviews of their care.

Respecting and promoting people's privacy, dignity and independence

- There was a strong emphasis on promoting people's independence led by the manager. One staff member told us how they had been encouraged by the manager to promote one person's independence. They told us, "[Manager's name] sat me down with a cup of tea and said to me if [person's name] sees me

drinking she'll drink as well, and it was brilliant; it worked. That had never been done to me before."

- Another example included a change the manager had introduced regarding mobility aids. A staff member told us, "When I first started here, we'd never given them the chance to be independent but now [manager's name] is here they can have their frames in front of them and if they want to walk around the house they can."
- We observed staff promoting people's independence throughout the inspection. For example, at lunchtime we saw how staff took time with people and encouraged them to do things for themselves. Such as when one person had struggled with the utensil they were using, and a staff member spent time finding an alternative utensil that worked for them. They then provided verbal encouragement and celebrated with the person when it worked.
- We saw people's privacy and dignity being respected and supported by staff. For example, we observed a person being supported discreetly to their bedroom for personal care and their door was fully closed behind them.
- Staff ensured doors were closed and protected people's privacy and dignity when they supported them. One staff member told us, "I ask them if they are alright with me doing it before I do it. I ask them and don't assume, and I knock on the door first and also ensure the door is closed when supporting personal care."
- People were supported to observe their faith and staff acknowledged and supported people in their spiritual well-being. The manager told us, "One gentleman likes to go to Church and we have the church come in regularly."
- People's private information was kept confidential. Records were held securely.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. 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; 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

- Care plans were personalised, and each person's preferred personal care routines were detailed and incorporated their preferences. For example, people's preferred times for breakfast and to be supported to bed were detailed. The staff team demonstrated their knowledge and awareness of how people preferred to be supported. One relative told us, "They've adapted [person's name's] care to her differences over time."
- We saw evidence of positive outcomes for people due to thorough care planning and delivery. For example, one relative told us about their bed bound relative, "[relative's name] has not suffered with one pressure sore or injury all this time." Another example included feedback from a professional where Kiln Lodge had been positively recognised for the number of people they had supported to reduce, or stop, antipsychotic medicines resulting in a better quality of life for people.
- Staff were aware of ensuring people's emotional needs were met. For example, one staff member told us, "They all have their individual needs met. We've got a couple of people whose dementia is quite severe and so two of us will go in and one will hold their hands and talk to them and reassure them whilst they have personal care."
- Detailed daily records were completed by staff. Records included a log of personal care given, well-being and activities.
- At our previous inspection we were concerned that at times staff were task orientated and activities were chaotic. At this inspection we observed most staff were unhurried and spent time interacting with people and were focused on the well-being of each individual. We observed people being supported with activities of their choice and staff spending time with them one-on-one. For example, we observed one person looking at their photo album with a member of staff and talking about their experiences and the photos.
- The home provided a range of activities enabling people to live fulfilled lives. Such as, quizzes, arts and crafts, an exercise programme, live entertainment, music, reminiscing talks. One staff member told us, "The majority of them love singing and music; we have a few singers come in on Fridays, Sundays and during the week as well. [entertainer's name] who comes and does talks for them, painting, stronger together fitness, quizzes. Tend to do a lot of music here. The quiz this afternoon they loved that."
- People and their relatives were positive about the activities available. Comments included, "I like singing to music", "I often see the activities they have done on the board" and "Quizzes, painting and lots of music; always got music. You can see them engage with the music."
- People at risk of social isolation were supported with opportunities for one-to-one social interaction. One staff member told us, "We go and talk to her, and listen to music; [person's name] is able to walk and able to come down but prefers her bedroom. She likes to watch [name of television show] and so sometimes we'll

sit and watch that with her."

#### 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 were fully considered during the initial assessment and as part of the ongoing care planning process so that information was given in line with their needs. For example, the provider was able to produce information in different formats where required, such as pictorial menu choices.

#### Improving care quality in response to complaints or concerns

- People and relatives knew how to complain if they needed to and felt they would be listened to. Relatives told us, "Never ever had any problems with her care, because she is here, I am able to have a life. So grateful to them", "They've always been quite open about things" and "I feel confident she is looked after and is quite safe."

- A complaints procedure was in place to make sure any concerns or complaints were brought to the manager's attention. The manager was keen to rectify any issues and improve the quality of the service.

- We saw complaints received had been recorded and responded to with the action taken in response in line with the provider's policies and procedures.

#### End of life care and support

- At the time of the inspection no one living at the home was receiving end of life care.

- Care records demonstrated that discussions had taken place with people and their relatives who wanted them about their end of life wishes, and these were clearly recorded. People and relatives told us they were confident that the home would respect people's wishes.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led.

Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider lacked effective systems and processes to assess the quality and safety of the service which posed a risk to people. This was a breach of regulation 17 (Good Governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 17.

- The provider had recently implemented new electronic systems for care planning, policies and procedures and quality assurance operating systems. This meant that the information was instantly accessible to staff, remained current and reflected best practice and guidance. The provider was still in the process of embedding these systems into the home and they were not as effective as they could be. For example, the medicines administration systems.
- Staff had access to policies and procedures which encouraged an open and transparent approach. Information on safeguarding and equality and diversity was easily available in the office and displayed on notice boards.
- The feedback about the manager and provider was positive. Staff comments included "With [manager's name] although she is very busy, she has time; she'll stop what she is doing to speak to me ... She is friendly and approachable", "I think [manager's name] is going to do wonders here", "Really want you to know that [manager's name] is really good; she has all these ideas, really supportive. I think she is going to do really positive things" and "[manager's name] has never ever said she is too busy to come and help you."
- The manager promoted an inclusive, value based and positive culture. They were committed to developing and valuing staff. For example, staff were supported to access further development training and career progression. We saw how this had aided the development of a stable and consistent staff team who were motivated and passionate.
- The manager was clear about the legal responsibilities in line with their registration with the CQC. The manager and provider were aware of duty of candour and had clear processes in place to ensure this was met when required.

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

- There was a positive culture and atmosphere between management, staff and people. People and staff told us the provider, manager and human resources manager were approachable and supportive. We



observed the provider interacting with people and staff and was clearly familiar and known to people and staff.

- Staff told us that there was an 'open door' culture which meant that staff could speak to them if they wished to do so and they worked as part of the team. Staff told us, "[manager's name] and I can work together to make positive changes and I am also fully supported by [provider's name] and [Human Resource's name] too. Anything I ask they will strive to do it" and "I can't speak highly enough of [provider's name]."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- The service was led by a management team whose passion and drive to deliver a good service, leading by example, was evident. The manager and the provider were very much involved in the day to day running of the service. Staff were involved in the running of the home and were asked for ideas. The provider had a staff suggestion box and staff confirmed they used it.
- The manager and provider demonstrated a proactive and positive approach to keeping themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. For example, we saw how the provider had made their recruitment processes more robust.
- The provider employed various methods to ensure people and their relatives were kept informed about what was happening in the home and to ask for their views and suggestions. For example, surveys, reviews and a suggestion box people and relatives could use. In addition, the manager had recently introduced themed relative meetings, such as cheese and wine evenings.
- Staff meetings had not been taking place consistently however we saw this had improved since the manager had been in post; they had a schedule in place for regular team meetings and support and supervisions. Staff told us they felt able to feedback and suggest changes and improvements and confirmed they were supported.
- Staff supported people to access support provided by external agencies. People had access to many professionals, including GP's, dentists and others.
- The provider and manager had established links with external agencies ensuring successful partnership working, such as with the local home care team and dental hygienist. One staff member told us, "The home care team is a collection of nurses who all specialise in a different field. One is a mental health nurse, one a pharmacist, etc. They all have experience and guided me to write the care plans."
- The provider had quality assurance procedures to help drive ongoing improvements within the service. A range of audits had been implemented to check the safety and effectiveness of infection control measures, medicines management and care plans. These were not as effective as they could have been, but the manager and provider were working on embedding these into the home.
- Furthermore, the provider had an ongoing action plan was in place to check the safety and effectiveness of health and safety measures, care planning and accident and reporting processes. They had regular meetings with the manager to identify any concerns and trends. This helped to maintain their oversight of quality and safety within the service. When issues were identified, action plans were made with timescales for work to be completed.
- The manager was in the process of implementing a team of staff champions in various key areas. Such as, a health and well-being champion, medicines champion and induction champion.