

Clearwater Care (Hackney) Limited

Kacee 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

The inspection took place on 16 March 2016 and was unannounced. Kacee Lodge is a care home that provides accommodation and personal care for up to eight people who have a learning disability and/or autistic spectrum disorder. Kacee Lodge supports people to lead a full and active life within their local communities and continue their personal development. The service is a detached house, within a residential area, which has been furnished to meet people's individual needs. On the day of our inspection six people were using the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People's safety was promoted through individualised risk assessments. Risks had been identified, and plans were in place to manage these effectively. Staff understood the risks to people's health and welfare, and followed guidance to safely manage them. People were safe because staff understood their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs. There were sufficient staff to provide people with the support they needed to live as full a life as possible. Staff had been recruited safely and had the skills and knowledge to provide care and support in ways that people preferred. The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely. Medicines were administered safely in a way people preferred, by trained staff who had their competency assessed by the registered manager.

People were cared for by staff who had undergone the required pre-employment checks to ensure their suitability and had received an induction. The induction took into account the specific needs of the people cared for by the service, including autism and epilepsy. Staff had the required training updated in accordance with the provider's policy. The provider supported staff to meet people's needs with an effective programme of induction, supervision and appraisal. Staff were encouraged to undertake additional relevant qualifications to enable them to provide people's care effectively and were supported with their career development.

Staff had completed training on the Mental Capacity Act (MCA) 2005 and understood their responsibilities. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to support people who do not have capacity to make a specific decision. Where people lacked the capacity to consent to their care, legal requirements had been followed by staff when decisions were made on their behalf.

People were supported by staff who supported them to make day to day decisions. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice.

The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. People at the service were subject to the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People where able, were actively involved in making decisions about their care and were asked for their consent before being supported. Relationships between staff and people were relaxed and positive. Staff engaged with people to identify their individual needs and what they wanted to achieve in the future. Staff showed flexibility and creativity in supporting people to be as independent as safely as possible.

People were provided with nutritious food and drink, which met their dietary preferences and requirements. People were supported to eat a healthy diet of their choice.

There was a friendly and relaxed atmosphere within the service, where people were encouraged by staff to express their feelings, whilst respecting others. Whenever people had raised concerns or issues prompt action had been taken by the registered manager to address them.

People's dignity and privacy was respected and supported by staff, who were skilled in using individual's specific communication methods. Staff were aware of changes in people's needs, which were reported to relevant healthcare services promptly where required.

Sufficient staff were deployed to provide activities for people. This ensured people were supported to pursue social activities which protected them from social isolation. People were supported to maintain relationships with friends and family.

There was an open culture and staff were supported to provide care that was centred on the individual. The manager was open and approachable and enabled people who used the service to express their views. The manager encouraged people to raise concerns. When complaints were made they were investigated and action was taken by the provider to make improvements where required.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff had received safeguarding training and had access to relevant guidance. When safeguarding incidents had occurred they had been correctly identified, reported and acted upon by staff.

Risks to people were identified and effectively managed by staff to ensure people's safety.

There were enough suitable staff to make sure people were cared for safely. Staff had undergone relevant pre-employment checks to ensure their suitability.

People's prescribed medicines were stored and managed safely in accordance with current legislation and guidance.

Is the service effective?

Good ●

The service was effective.

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge.

People were supported where able to make their own decisions and choices by staff who demonstrated an understanding of consent, mental capacity and deprivation of liberty issues.

People were provided with nutritious food and drink, which met their dietary preferences and requirements. People were supported to eat a healthy diet of their choice.

Staff supported people to maintain good health and have access to healthcare services promptly when required.

Is the service caring?

Good ●

The service was caring

People had positive and caring relationships with the staff who

treated them with kindness and showed compassion and concern for their welfare.

Staff supported people to be actively involved in making decisions about their care.

Staff promoted people's independence and ensured their privacy and dignity were respected in the way their care was provided.

Is the service responsive?

Good ●

The service was responsive.

People had access to a wide range of personalised, meaningful activities which included access to the local community. People were encouraged to build and maintain links with the local community.

People were supported to make choices about how they spent their time and pursued their interests.

Appropriate systems were in place to manage complaints.

Is the service well-led?

Good ●

The service was well-led.

The registered manager supported staff well and was a visible presence in the service.

Staff understood their roles and responsibilities. The registered manager and staff team shared the values and goals of the service in meeting a high standard of care.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

Kacee Lodge

Detailed findings

Background to this inspection

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

The inspection took place on 16 March 2016 and was unannounced.

The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the service, which included the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, speaking with staff and observing how people were cared for. Some people had very complex needs and were not able, or chose not to talk to us. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke to one person and held very brief conversations with a further two people who lived in the service. We also spoke with five care staff members, and the manager as part of this inspection. After the inspection we spoke with two relatives and one healthcare professional.

We looked at three people's care records, six staff recruitment records, medication records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Is the service safe?

Our findings

The person we spoke with told us they felt safe at Kacee Lodge. During our inspection people were regularly smiling and relaxed in the company of staff. Where people had limited verbal communication staff spoke with them using adapted sign language unique to the person. People frequently made signs which indicated they were happy. A recent survey questionnaire sent out by the service showed that 97% of relatives felt that people received safe, appropriate care and that they were protected at all times from abuse and neglect.

Staff had completed safeguarding training and they were able to demonstrate their understanding of their role and responsibility to protect people. Records confirmed that staff safeguarding training was up to date. Staff and people had access to guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff described how they would deal with a safeguarding issue, including reporting issues outside of the organisation if necessary. Staff knew how to recognise the signs of abuse or neglect and who to report it to ensure people were safe from the risk of harm. Staff were able to explain to us how they would report safeguarding concerns and how to 'whistle blow' if the provider had not taken sufficient action to keep people safe. Staff told us they would have no hesitation in reporting suspected abuse and were confident the manager would act on their concerns. The service had responded appropriately when there had been allegations of abuse. They had reported these to the Care Quality Commission and the local safeguarding authority. They had investigated concerns along with the local authority and responded appropriately to these.

People were supported to manage their finances. There were procedures to safeguard these and to monitor how money was spent. The staff carried out daily checks on cash balances held at the service and the manager carried out audits of people's finances. Receipts for all transactions were kept.

All accidents and incidents that took place in the service were recorded and the records included information about what led to the incident, the staff response and what happened immediately afterwards. The manager viewed all incident and accident records monthly and carried out an analysis of these to see if there were any changes that could be made to reduce the likelihood of harm. The manager told us that staff had been supported with training to improve the way they supported people. There were support plans in place for people who expressed themselves with physical aggression or challenges. These plans looked at how the person's anxiety and distress could be reduced before an incident so they did not feel the need to challenge others. The staff had a good understanding of this, and one staff member told us, "We understand what might upset [person] so we make sure they are always aware of how they feel and that we are around and provide reassurance to them."

Staff identified and managed risks to people's safety to keep them safe. The manager had assessed risks to people's health and well-being and put plans in place on how staff would manage these to minimise the chance of harm. Risks to people had been assessed in relation to areas such as mobility, activities and eating and drinking. People's care plans noted what support people needed to keep safe, for example in relation to safety awareness outside the service. We observed these processes in practice when one person was supported to go out for a trip in the mini bus whilst taking another person to college. This person was

not able to express themselves verbally and our observations and conversations with staff demonstrated that guidance on mitigating risks had been followed.

Staff were able to demonstrate their knowledge of people's needs and risk assessments, which was consistent with the guidance contained within people's care plans. Staff had people's best interests in mind at all times. Risk assessments were detailed and gave staff clear guidance to follow in order to provide the required support to keep people safe. For example one person was being supported with epilepsy and had an epilepsy risk assessment and protocol unique to their individual needs. All staff were able to tell us about their epilepsy protocol and action needed to keep them safe in the event of a seizure. One staff member told us, "I had very good training in relation to how to deal with epilepsy problems. I am confident in this area." Staff talked warmly about the people they supported and had a good understanding of their individual personalities and what could cause their behaviours to change. Staff told us that they were confident and knew how to support people who could become anxious in a safe and dignified manner. We saw staff were receptive to people's non-verbal communication and understood when they did not seem happy and when people needed to be kept safe. Staff had sufficient guidance in the health and behavioural action plans, so they could provide support to people, when they needed it and reduce the risk of harm to others.

Risk assessments for the location and environment had been regularly reviewed and we saw that there had been appropriate monitoring of accidents and incidents. We saw records which showed that the service was well maintained and equipment such as the fire system and mobility equipment had been regularly checked and maintained. Appropriate plans were also in place in case of emergencies, for example, evacuation procedures in the event of a fire.

Staff told us there were always sufficient staff to support people safely, which was confirmed by staff and rotas we reviewed. At all times we saw there were enough staff to respond immediately when people asked them for support. Staff had time to engage in meaningful conversations with people who had their full attention and support. People were supported by sufficient staff to meet their needs in an unhurried manner. We saw the number of staff on duty on the day of the inspection matched the staffing level set by the provider. We saw staff responded to people's requests for support immediately. There were sufficient staff to support people to attend hospital appointments and to go out. The manager ensured there was adequate cover for both planned and unexpected staff absences.

The service used robust recruitment procedures to ensure people received support from suitable staff. Interview records showed staff had demonstrated they had sufficient knowledge and skills to undertake their role to support people with their healthcare needs. Recruitment records showed the provider had carried out checks on the new staff's background, employment history and experience. The provider had obtained references and a disclosure and barring (DBS), criminal records check and ensured the new staff's suitability before they started to provide support to people. An interview for a new staff member took place on the day of inspection also.

People had their medicines managed in a safe way and we observed this on the day of inspection. Senior staff were responsible for managing medicines and they had all been trained to do so. The manager regularly assessed their competency in this area. Medicines were stored securely and appropriately. Records relating to medicines were accurate and up to date, they included information on people's medical needs, allergies, why they were taking certain medicines, the side effects and how much of each medicine was received and stored at the service. As required medicines (PRN) were clearly noted and had protocols in place. Medicine administration records showed that people had received their medicines as prescribed. Regular audits of medicines management were completed, so that any issues could be identified and addressed.

Is the service effective?

Our findings

All the relatives of people who used the service commented on a recent survey that they thought the staff had adequate training and were skilled and competent. The manager told us that even though many of the staff did not speak English as a first language and they had had concerns raised about this by a healthcare professional. All staff had completed further English language courses to ensure they could give clear information about people's needs. This did not seem to be a problem, we noted on the day of inspection. One healthcare professional told us, "Staff are always polite and they know the people they care for well."

The manager supported staff to understand their role and responsibility through regular one to one supervision meetings and an annual appraisal. Training provided to staff gave them the information they needed to deliver care and support to people to an appropriate standard. Regular team meetings were held so staff could discuss how they provided support to people to meet their needs. The manager had reviewed staff performance against set objectives in appraisals and put learning development plans in place. Staff said the manager of the service was supportive and that they would always ask them for support and help when needed. One member of staff told us, "We all do a lot of training and we like that here. We are all willing to learn." Another member of staff said, "The courses I have done have helped me understand areas I have less confidence in." Opportunities for staff to develop their knowledge and skills were discussed and recorded. Throughout our inspection we saw that staff had the skills to meet people's care needs and that people could out with support as they wanted. Staff communicated and interacted well with the people who used the service. Person centred support plans were developed with each person which involved consultation with all interested parties who were acting in the individual's best interest such as relatives or advocates.

New staff completed an induction programme which ensured they developed the knowledge they required to support people effectively. Records showed new staff had observed care and support delivered to people by more experienced staff as part of their induction. The manager had observed their work practice and ensured they had gained sufficient knowledge of the service to work in a permanent role.

Staff had a good understanding of the issues which affected people who lived in the service. We saw from the training monitoring records that staff were kept up to date with current training needs. This was confirmed by all the staff we spoke with. Staff were able to demonstrate to us through discussion, how they supported people in areas they had completed training in areas as moving and handling, epilepsy, challenging behaviour, dignity and respect, supporting people with their health and safety and nutrition. Staff used their knowledge and training to develop good skills around communication. Some of the people at the service had complex communication needs and staff knew and recognised people's individual ways of making their needs known, such as how people communicated if they were unhappy or distressed.

People's capacity to make decisions was taken into consideration when supporting them and people's freedoms were protected. We saw that staff always asked their permission before providing care or support. For example we saw that staff asked people if they could take them to their rooms. During the inspection, we observed staff ask people what they wanted in relation to their support. For example, one person who could

become anxious was assisted to spend time in the sensory room and the staff member stayed fully engaged with the person throughout this period. Another person who wandered a lot was monitored from a short distance to ensure their safety. Staff were aware of the whereabouts of this person at all times.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff understood the processes to follow if they felt a person's normal freedoms and rights were being significantly restricted. The manager carried out a mental capacity assessment during their first visit, to determine people's ability to understand their care needs and to consent to their support. When people lacked capacity or the ability to sign agreements, a family member or representative signed on their behalf. The provider or the manager met with family members and health and social care professionals to discuss any situations where complex decisions were required for people who lacked capacity, so that a decision could be taken together in their best interests.

The registered manager told us they had contacted the local authority when they had concerns about a person's ability to make a decision and ensured appropriate mental capacity assessments were carried out. Where people lacked mental capacity and were unable to make decisions, 'best interests' meetings were held.

People's nutritional needs were assessed. Their food and drink were recorded. Where people were at risk of malnutrition they had regular input from a dietician. Their weight was monitored and recorded. One person had specialist dietary needs and had a feeding tube in place. Staff were able to tell us how this person's nutritional needs were met monitored as they only had fluids by mouth. People's food preferences and needs were recorded and menus planned to reflect this. The staff provided for specialist diets based on health and personal preferences. Food was freshly prepared by the staff each day and people had a choice of different meals. Staff told us they encouraged people to make healthy lifestyle choices when planning their menu. People told us fresh fruit and snacks were available at the service was available at the service any time they wished.

The service appropriately assessed people's nutritional status and used the Malnutrition Universal Screening Tool (MUST) to identify anyone who may need additional support with their diet such as high calorie drinks or specialist diets. These assessments were up to date and had been reviewed on a regular basis. People had been regularly weighed and where necessary referrals had been made to relevant health care professionals including speech and language therapists for issues around swallowing, or dietetic services for people with particular dietary requirements.

People's day to day health needs were being met and they had access to healthcare professionals according to their specific needs. The service had regular contact with GP support and healthcare professionals that provided support and assisted the staff in the maintenance of people's healthcare. These included district nurses, the chiropodist, dietician, speech and language therapists (SALT) and social workers. People were

encouraged to discuss their health. Regular reviews were carried out by health professionals to monitor improvements or changes that may require further professional input.

Is the service caring?

Our findings

People received support from staff that were caring and kind. The atmosphere within the service was welcoming, relaxed and calm. Staff interactions with people were kind and compassionate. People were seen smiling with staff. One person indicated, by reaching out with their hand, that they were happy with their care when asked if the staff looked after them well. Another person told us, "I like the staff here."

Staff demonstrated a good knowledge and understanding about the people they cared for. They were able to tell us about each person's individual needs and preferences. This showed that staff knew people and understood them well. Staff addressed people by their preferred name, and chatted with them about everyday things and significant things in their lives.

Staff were sensitive to people's wishes. During a mealtime, one person became restless and indicated they wished to leave. The staff member provided appropriate reassurance and accompanied them to a quieter location. Staff responded to people's vocalisations and facial expressions in order to communicate with them. During our inspection we observed people display signs that they were worried. Staff responded immediately to people and supported them to show staff what they wanted. People's anxieties were relieved quickly following staff interventions. For example one person treated their bedroom as a safe haven and was supported to go there when they wished, whilst they were monitored discreetly to ensure their safety.

People were supported by staff who were caring and receptive to their needs. People were able to exercise choice over all aspects of their lives. For example, in terms of where and how they spent their time, including what time they got up and went to bed. Staff understood some people required more support than others to make choices and tailored their interactions accordingly. Where people had limited capacity to make choices staff offered them a range of their preferred options, for example drinks and snacks they enjoyed. People were constantly being given choices, consulted and involved in decisions about their daily lives.

Staff listened to people, showing empathy and understanding, giving them time to process information and waited for a response without rushing them. If someone was trying to communicate something staff listened attentively until they understood what the person wanted. Staff were well motivated, warm and caring. Staff respected people's privacy and dignity and we saw that staff discreetly asked people about personal issues such as using the bathroom and supported them appropriately. Staff demonstrated their understanding of what privacy and dignity meant in relation to supporting people with their personal care. Staff described how they supported people to maintain their dignity. The staff spoke fondly about the people who they were supporting. They all told us they cared for them and liked their role in looking after them. One member of staff said, "We are all like a big family here. We work really well together." Another member of staff told us, "I go to work to make a difference and I feel I can do that here." We observed the service had a strong, visible, culture which focused on providing people with care which was personalised to the individual.

People's privacy and dignity were respected. The staff addressed people by their preferred names, knocked on bedroom doors before entering and attended to care tasks discreetly. People were able to have baths

and showers as often as they wanted. Records showed that people were offered these at least once a day. On the day of our visit people were dressed smartly in clean and weather appropriate clothes. The staff had taken time to care for people. One staff member said, "It is right that we make sure people look nice when they go out."

People told us the staff respected their choices, encouraged them to maintain their independence and knew their preferences for how they liked things done. Staff sat with people when they spoke with them and involved them in things they were doing. Staff told us how they respected people's wishes in how they spent their day, and the individually assessed activities they liked to be involved in. People were supported to maintain relationships with friends and family. However where this was not possible we were told that advocacy support services were available and were used. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Is the service responsive?

Our findings

There were comprehensive assessments and care plans in place for each person that were regularly reviewed. These included information about things, people and routines which were important to them. They also included information about how they communicated their needs including signs, objects of reference and speech they used and understood. The care plans covered all areas of the person's life including health, personal needs, daily living skills, nutrition, mobility, spiritual needs and social needs. Information was clearly recorded and easy to understand. The staff told us they had been expected to read all care plans when they started work at the service. They said all the staff had regular input into reviewing and updating these plans. The plans included guidance and information from professionals and incorporated changes from review meetings. Where people had a specific health or other need, this was recorded in an individual plan. The plans explained how the staff should support people to meet their needs. We observed the staff supporting people to do things, where able, for themselves, prompting them and encouraging them where needed.

The manager told us about the work the staff had undertaken with some people to review specific needs. They had liaised with the family and other professionals to look at certain needs and how these could best be met. For example, they told us, how one person was working towards a goal of more independence in their day to day life. This included attending college courses that interested them and how this was being monitored so they received the support they needed.

Staff were informed about any changes to people's mental and physical health needs and had up to date information about the care they needed. For example, staff were able to explain how a person's mental health needs affected their behaviour. Staff discussed how they knew which triggers would upset this person such as repeating questions. Staff identified people's changing health needs and acted upon them. Records were kept of the discussions staff had with health professionals and the plans that were in place in relation to the assessment and treatment of their mental health needs. The manager ensured people received appropriate support with their health needs and that they attended healthcare appointments as required.

The manager told us that people using the service were settled and some people had been at the service for some time. Due to the stability within the service, the manager told us that before any prospective placement was considered they would require consideration of their compatibility with others already living there, whose views would be sought where able and a trial placement would be encouraged. The pre inspection questionnaire (PIR) sent out prior to this inspection detailed, "We ensure that individuals receive information that enable them to manage change more effectively, particularly focusing on the person processing time and how they need information to be shared with them. We ask individuals for their views on how their support is delivered through key working meetings, questionnaires and observing changes in their behaviour or response to a situation."

Staff also told us they were aware of people's life histories and were knowledgeable about their likes and dislikes and the type of activities they enjoyed. We saw that people accessed the community and there was good staff availability to enable the outings and any service events to take place. People could choose to

participate in a range of individualised social events and follow their own individual interests. People were encouraged to attend college where able. Staff told us that there were a variety of activities available during evenings and weekends and that people were actively encouraged and supported with their hobbies, interests, personal goals and ambitions. During our visit we noted two people went out to sensory courses and one person to college. Other people were supported to spend one to one time in the sensory room and one person who enjoyed going out accompanied those going to college as they enjoyed rides out.

There was an appropriate complaints procedure. The relatives we spoke with told us they knew how to make a complaint and felt that these were acted upon. The way in which each person communicated their discontentment was recorded in individual care plans. The staff had recorded how people expressed this and what action they could take to remedy the situation. This meant that for people who were not able to follow the complaints procedure, there were systems to allow them to express dissatisfaction and this was recorded and acted upon.

The manager had recorded concerns and complaints which had been made. There was a record to show how these were investigated and the action taken as a result of these. One example of this was how the manager had responded to the concerns about staff language barriers. The records also showed who the manager had informed about the complaint, and the feedback given to the complainant. We saw that the process of complaints had been discussed with the staff at team meetings to enable them to learn from these.

Is the service well-led?

Our findings

Members of staff spoken with during our inspection were positive about the manager. One member of staff told us, "I feel supported here by the manager and my colleagues." Another staff member said they felt 'confident' with the management and leadership of the service. Staff told us that they felt able to raise concerns if they needed to and said they felt they would be well supported.

The manager showed us copies of recent quality audits which were completed on a monthly basis. They identified a variety of audits that were undertaken, these included the premises, infection control, health and safety, care plans, the kitchen and the environment. We also saw that regular audits took place that took into account the catering and domestic services and how staff managed medicines.

The manager told us that information about the safety and quality of service provided was gathered on a continuous and on-going basis via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate. The manager was a visible presence on the floor in order to check that the home was running smoothly and that people were being cared for properly. Staff told us that the manager was very approachable and spoke with staff and people who lived in the service and gauged their responses to make sure all was well.

We saw that auditing systems were in place for the environment and health and safety. We saw evidence that these audits had identified actions to be taken around the home. For example some damage in one persons room had been identified as being in need of repair and staff told us that any repairs were identified and resolved as soon as practicable.

We also saw that auditing systems were in place for care planning documentation. We saw evidence these audits had identified any discrepancies or changes needed to care planning documentation used to plan and review people's care and support needs. For example, we saw a care assessment that stated that it was to be reviewed monthly and records showed this had been done with actions recorded.

We found the arrangements to ensure staff were appropriately supported to deliver care and treatment to an appropriate standard, by receiving appropriate training was in place. For example, we found that additional language courses had been implemented for all new members of staff and a rolling programme of core training was on-going. We saw current courses were up to date and dates were planned for further training. Staff we spoke with were aware of their own roles and responsibilities.

Records showed that staff had regular meetings to enable them to have their say. Staff told us that the meetings provided updated information about the service, staff and people who used the service. Staff told us that they were able to raise issues within these meetings and felt that their views and contributions were listened to. They also told us that they valued the way in which these meetings provided them with the opportunity to discuss people's needs and share best practice. One member of staff told us, "It is a very supportive place to work. The manager is very helpful and gives good guidance."

We saw that the most recent relative customer satisfaction survey had been completed in 2015. We saw the results of this were available within the service and they identified that people were satisfied with the staff and services provided. For example 100% of respondents were happy with the management and staff at the service and felt confident any ideas issues or concerns would be dealt with. A complaints procedure was in place and available for people to refer to. Additionally one relative who commented on a recent survey stated, "[Manager] always goes out of her way to see me monthly and keeps me informed with [person's] care. I am satisfied with Kacee Lodge."

Processes were in place to assess and monitor the quality of service provided, these were followed and actions identified to ensure they were effective. We found that the manager was meeting the requirements of their registration and had submitted notifications as required to the Care Quality Commission. A notification is information about important events which the service is required to send us by law in a timely way.