Dr & Mrs P P Jana

Byron Lodge Nursing 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

We carried out this inspection on the 15 and 20 July 2015, it was unannounced. We inspected this service due to concerns we had received. It was alleged that there was not enough staff; agency staff were not skilled; people did not receive good care; a lack of activities and the food was not good.

Byron Lodge is a nursing home providing accommodation for up to 28 older people, some of whom are living with dementia, who require nursing and personal care. The accommodation is purpose built to cater for people who use wheelchairs and have difficulty moving around. Accommodation is provided over three floors. There is a passenger lift to all floors. The home is located in a residential area of Gillingham, Kent. At the time of the inspection 27 people lived at the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Summary of findings

The management and staff team included a registered manager, nursing staff and care staff. The ancillary staff team included two activity co-ordinators, kitchen, laundry and housekeeping staff.

There were sufficient numbers of staff to meet people's needs. Staff had the knowledge and skills to meet people's needs, and attended regular training courses. Staff were supported by the registered manager and felt able to raise any concerns they had or to make suggestions to improve the service to people.

People demonstrated that they were happy at the service by showing open affection to the registered manager and staff who were supporting them. Staff were available throughout the day, and responded quickly to people's requests for help. Staff interacted well with people, and supported them when they needed it.

Staff were recruited using procedures designed to protect people from unsuitable staff. Staff were trained to meet people's needs. They met with the supervisor and discussed their work performance at one to one meetings and during annual appraisal so they were supported to carry out their roles.

People were protected against the risk of abuse. People told us they felt safe. Staff recognised the signs of abuse or neglect and what to look out for. Both the registered manager and staff understood their role and responsibilities to report any concerns and were confident in doing so.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made. They were aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

There were risk assessments in place for the environment, and for each person who received care.

Assessments identified people's specific needs, and showed how risks could be minimised. There were systems in place to review accidents and incidents and make any relevant improvements as a result.

People and their relatives were involved in planning their own care, and staff supported them in making arrangements to meet their health needs. Nursing staff carried out on-going checks of people's health needs, and contacted other health and social care professionals for support and advice.

Nursing staff managed and administered medicines for people. Medicines were administered, stored, and disposed of safely. People received their medicines as prescribed.

People were provided with a diet that met their needs and wishes. Menus offered variety and choice. People said they liked the home cooked food. Staff respected people and we saw several instances of a kindly touch or a joke and conversation as drinks or the lunch was served.

Staff encouraged people to undertake activities and supported them to become more independent. Staff spent time engaging people in conversations, and spoke to them politely and respectfully.

The providers and the registered manager investigated and responded to people's complaints. People knew how to raise any concerns and relatives were confident that the registered manager dealt with them appropriately and resolved them where possible.

There were systems in place to obtain people's views about the service. These included formal and informal meetings; events; questionnaires; and daily contact with the registered manager and staff.

The providers and registered manager regularly assessed and monitored the quality of care to ensure standards were met and maintained. The providers and registered manager understood the requirements of their registration with the Commission.

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 received their medicines as required and prescribed.

People told us that they felt safe living in the service, and that staff cared for them well.

Staff were recruited safely.

Staff had received training on how to recognise the signs of abuse and were aware of their roles and responsibilities in regards to this.

Good

Is the service effective?
The service was effective.

People said that staff understood their individual needs and staff were trained to meet those needs.

The menus offered variety and choice and provided people with enough to eat and drink to maintain their health and wellbeing.

Staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Staff ensured that people's health needs were met. Referrals were made to health and social care professionals when needed.

Good

Is the service caring?
The service was caring.

People were treated with dignity and respect.

Staff were supportive, patient and caring. The atmosphere in the service was welcoming.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Good

Is the service responsive?
The service was responsive.

People were given information on how to make a complaint in a format that met their communication needs.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people.

People were supported to maintain their own interests and hobbies. Visitors were always made welcome.

Good

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

Good

Summary of findings

The home had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

Staff told us they found their registered manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided.

Byron Lodge Nursing 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 the 15 and 20 July 2015, it was unannounced. The inspection team consisted of an inspector and an expert by experience who spoke with people using the service. Our expert had experience of working with older people and people living with dementia.

The registered manager and one of the providers were available and supported the inspection process. We spoke with nine people, one relative and one visitor. We looked at personal care records and support plans for four people. We looked at the medicine records; activity records; and four staff recruitment records. We spoke with seven members of staff, and observed the care interaction and staff carrying out their duties, such as giving people support at lunchtime.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks for some key information about the service, what the service does well and improvements they plan to make. We sought information during the inspection from health and social care professionals that visited the service.

Before the inspection we examined previous inspection reports and notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

The previous inspection was carried out on the 1 October 2013, when no concerns were identified.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the service. People who were able to commented, "Yes, I feel safe I couldn't cope any more at home", "I feel safe not harassed at all", "Definitely safe I am well looked after", "I feel safe .They look after us okay", and "Yes I feel safe. I feel a lot better here. There is somebody always here". One relative said, "I have never heard her complain about anyone. It always feels relaxed when I come".

There were suitable numbers of staff to care for people safely and meet their needs. People said, "Yes I think there is enough staff, they take me out for a ciggie and stay with me when I want them to", "Yes I have never had an issue, staff are always popping in to see if I am alright", " Sometimes they are short of staff when someone doesn't come in because they are sick, but they always get extra staff to come in to cover", "Yes it is great they are fully staffed", and "Enough staff here, I can still do most things on my own, but at a slower pace, staff are very patient with me". The registered manager showed us the staff duty rotas and explained how nurses and care staff were allocated to each shift. The rotas showed there were sufficient staff on shift at all times. The registered manager said if a person telephones in sick, the person in charge would ring around the other members of staff to find cover. Agency staff were used as necessary to make sure that there were sufficient staff on duty to meet people's needs. This showed that arrangements were in place to ensure enough staff were made available at short notice. The registered manager told us staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly.

The provider operated safe recruitment procedures. There was a recruitment policy which set out the appropriate procedure for employing new staff. Staff recruitment records were clear and complete. This enabled the deputy manager to easily see whether any further checks or documents were needed for each employee. Staff told us they did not start work until the required checks had been carried out. These included proof of identity check, satisfactory written references; a Disclosure and Barring Service (DBS) criminal record check; and proof of qualifications obtained. Nurses were required to confirm that their nursing 'PIN' number was up to date, and provide confirmation of their qualifications. These processes help employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Successful applicants were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people.

Staff told us that they had received safeguarding training at induction and records showed that staff had completed safeguarding training. The staff we spoke with were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us the registered manager would respond appropriately to any concerns. Staff told us that they felt confident in whistleblowing (telling someone outside of the service like a care manager) if they had any worries. There were safeguarding and whistleblowing policies in place that were reviewed yearly. We saw that these policies clearly detailed the information and action staff should take, which was in line with expectations. People could be confident that staff had the knowledge and skills to recognise and report any abuse appropriately.

Risk assessments were completed for each person to make sure staff knew how to protect them from harm. The risk assessments contained detailed instructions for staff on how to recognise risks and take action to try to prevent accidents or harm occurring. For example, moving and handling, skin integrity risk and falls risk assessments were in place for staff to refer to and act on.

In relation to maintaining people's safety, the slips, trips and falls assessments instructed staff to make sure that the person used their walking aid, and to ensure that there were no hazards in their way. One person told us, "I don't need any help to get about. I can walk about where I want. I would be lost without the frame". We observed that staff used appropriate moving and handling transfers to ensure people were supported safely.

Accidents and incidents were clearly recorded and monitored on a monthly basis by the registered manager to see if improvements could be made to try to prevent future incidents. For example, a bed rail cover was found to be worn, so a check was carried out on all bed rail covers, and those that needed replacing were replaced.

Medicines were administered, stored, and disposed of safely. All the people we spoke with told us that they always

Good

Is the service safe?

got their medicines on time. One person told us "I get my medicine at the same time every morning". The medicines room was tidy and medicine stocks were stored in a locked cupboard. There were suitable recording procedures in place to show the receipt and the disposal of medicines. Medicines were received in a monitored dosage system (MDS). This system is where all the medicines for a given time period were prepared by the pharmacy. Medicines were given to people as prescribed by their doctors and records were kept. The medicine fridge provided appropriate storage for the amount of items in use. Fridge temperatures were checked and recorded daily to ensure that medicines were being stored at the required temperatures. The treatment room was locked when not in use. We looked at the medicine records and these were accurate and up to date. Medicines audits were carried out in line with the registered provider's policy. Only qualified nursing staff dealt with medicines in the home. Nurses had a good understanding of the medicines systems in place.

The premises had been maintained and suited people's individual needs, as they included communal rooms and single and double bedrooms. These were personalised to people's tastes. Equipment checks and servicing were regularly carried out to ensure the equipment was safe and fit for purpose. Risk assessments for the building were carried out and for each separate room to check for any hazards. Internal checks of fire safety systems were made regularly and recorded. Fire detection and alarm systems were regularly maintained.

Emergency procedures in the event of a fire were in place and understood by staff. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills. Evacuation information was available in each person's care plan. These included details of the support they would need if they had to be evacuated. These were kept in an accessible place and readily available in the event of an emergency. The staff knew how to respond in the event of an emergency, who to contact and how to protect people.

Good

Is the service effective?

Our findings

People told us that staff looked after them well. One person said, "Very relaxed, I feel comfortable with staff. I was very nervous about coming here but it's excellent here". People's comments about the food included, "It is very good always tastes nice. I probably could ask for something different than what's on the menu but I have always liked the choice on offer", and "The food is excellent, honestly it's excellent. We have had poached fish/toad in the hole/sweet and sour chicken. Today's choice is shepherd's pie or sweet and sour chicken. I have chosen sweet and sour chicken. It is always nice". One person who preferred to have their meals in their room said, "On the whole the food is very good. There are always plenty of vegetables. The staff never rush me, they pop in and check to see how I am doing and bring in my pudding when I finish my meal".

People confirmed that staff sought their consent before they provided care and support. Staff interacted well with people, and asked them where they wanted to go and what they wanted to do. They obtained people's verbal consent to assist them with personal care such as helping them with their meals, or taking them to the toilet. Before lunch, we saw staff asking people if they could put aprons on them to help keep their clothes clean. Staff asked them respectfully, and explained why they wanted to do this. Staff were aware of how to treat people with respect and that they allowed people to express their consent to different tasks. There were consent forms in place in each person's care plan. Consent forms had been appropriately completed by people's representatives where this was applicable. The forms showed the representative's relationship to the person concerned, and their authorisation to speak or sign forms on the person's behalf or in their best interests.

The registered manager and staff we spoke with told us that people had capacity to make decisions but recognised that in the future this may not be the case so they and the staff had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Staff that we spoke with understood the principles of the MCA, deprivation of liberty and 'best interest' decisions.

Staff had received training in the Deprivation of Liberty Safeguards (DoLS). There were procedures in place and guidance in relation to the Mental Capacity Act 2005 (MCA) which included steps that staff should take to comply with legal requirements. People when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). A DoLS ensures a person is only deprived of their liberty in a safe and correct way, and is only done when it is in the best interests of the person and there is no other way to look after them. Staff supported people without any form of restrictions of their liberty. There were currently three people who lived in home for whom a DoLS application had been applied for, and granted. For example, one person was restricted from leaving the premises, in order to maintain their safety.

Staff told us that they had received induction training, which provided them with essential information about their duties and job roles. The provider was reviewing the induction programme to make sure that it was compatible with the new care certificate training. They said that any new staff would complete an induction programme and shadow experienced staff, and not work on their own until assessed as competent to do so. Nursing staff received a twelve week induction programme that included working shadow shifts. They were signed off by the registered managed when assessed as competent.

All care staff had or were completing vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. This helped staff to deliver care effectively to people at the expected standard. Staff received refresher training in a variety of topics such as infection control and health and safety. Staff were trained to meet people's specialist needs such as dementia care awareness. This training helped staff to know how to empathise with people who had old age confusion as well as anyone with dementia.

Staff were supported through individual one to one meetings and appraisals. Nurses received clinical supervision and support from the registered manager. They were responsible for keeping up to date with training. For example, nurses had recently completed a twelve week medication training update. One to one meetings and appraisals provided opportunities for staff to discuss their performance, development and training needs, which the

Good

Is the service effective?

provider monitored effectively. The staff said that they had handovers between shifts, and this provided the opportunity for daily updates with people's care needs. Staff were aware that the registered manager had an open door policy and was available for staff to talk to at any time. Staff were positive about this and felt able to discuss areas of concerns within this system. Staff received an annual appraisal and felt these were beneficial to identify what they wished to do within the service and their career. All of the staff we talked to said that the staff "worked well as a team" and this was evident in the way the staff related to each other and to people they were caring for.

People were supported to have a balanced diet. People's dietary needs were discussed before admission and the cook was informed. The cook was familiar with different diets, such as diabetic diets and vegetarian. There was a menu in place that gave people a variety of food they could choose from. People's likes and dislikes were recorded and the cook was aware of what people liked and did not like. There were two choices of main course and pudding each day. People were offered choices of what they wanted to eat and records showed what they had chosen. One person said, "I am a very fussy eater, the food here is alright, there is plenty of it. If I don't like it they will give me something else. I sometimes ask for my favourite hard boiled eggs. Sometimes my son brings in food for me and the staff prepares this for me".

Some people needed to have their food fortified to increase their calorie intake if they had low weights. People were weighed regularly and their weight was recorded in their care plan. Staff informed the registered manager of any significant weight gains or losses, so that they could refer them to the doctor for any treatment required. Examples of making sure that people had sufficient food intake included, offering snacks throughout the day and night, and full fat bedtime drinks. People told us drinks were always available and commented, "We always have water in our rooms, staff always check to see if it is being drunk when they bring around the tea and biscuits in the morning and afternoon", "I get plenty of this chocolate drink and biscuits, the girls make sure I get enough to drink", and "If you want a drink you just ask and they get it straight away". This meant that people's nutritional needs were met.

The registered manager had procedures in place to monitor people's health. Nursing staff carried out on-going checks for people's health needs, and contacted other health and social care professionals, such as GP's for support and advice. Nurses held responsibility for different areas of health care, such as wound care, medicines and continence care. This enabled them to concentrate on specific aspects of the work and to inform other nurses of updates and changes in their given subjects. One person said, "I came here from hospital, staff sat with me talking about the way I wanted things done. They are always discussing with me about my feeds and what flavours of drinks I like. All my drinks have to be thickened".

Referrals were made to health professionals including doctors and dentists as needed. People told us that the doctor regularly visited and if they wanted to see the doctor the staff would make an appointment. One person said, "I needed my eyes tested, my brother was going to take me but staff told me that the optician did home visits so they came and saw me here. I have seen the chiropodist who looked at my feet since I came here", and "The nurse came here to take my blood sample for testing". Where necessary the nurses referred people to other professionals such as the tissue viability nurse, speech and language therapist (SALT) and dieticians. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of regular health checks. People's health and well-being had been discussed with them regularly and professionally assessed and action taken to maintain or improve people's welfare.

The premises were purpose built to care for people who use wheelchairs or have difficulty moving around. Some adaptations to the environment had been made to meet people's physical needs. For example, a range of equipment for transferring people, from their bed to a chair. Toilets had raised toilet seats, and grab bars which provided support for people to enable them to retain their independence. One person told us "I have a recliner bed which I can adjust with this control to raise me when I want to sit up or lower me when I want lie down".

Good

Is the service caring?

Our findings

People told us that staff are all very good. People said, “Oh I think so They look after me okay I have no complaints”, “Yes, the staff are very caring they call me by my preferred name and I know all their names. I know all the staff and we chat about our families”, “The staff here are fun they are always cheerful”, “I get on well with the staff; they allow me to be independent. The staff know I like to wash myself at my own pace. They help me when I ask. I get dressed for bed and get into bed whenever I want to and staff come and tuck me in”, and “Staff very caring, I know all their names. They are all friendly; we chat and laugh when they are providing care”.

People told us that they were involved in discussions about their care needs. One person said, “When I first came here staff used to come in at different times to help get me up. I told them I liked to get up at seven in the morning and now they always come in at this time”. Another person said, “I am able to wash myself. Staff help me with my feet and legs. I always have a bath on Thursday it’s a bit like a Jacuzzi it’s lovely, my family cannot believe I am so lucky. Staff are very good, we have a laugh. Attitude is very important the staff all have a good attitude”.

People and their relatives had been involved in planning how they wanted their care to be delivered. Relatives felt involved and had been consulted about their family member’s likes and dislikes, and personal history. People said that staff knew them well and that they made choices throughout the day regarding the time they got up went to bed, whether they stayed in their rooms, where they ate and what they ate. People felt they could ask any staff for help if they needed it. People were supported as required but allowed to be as independent as possible. One person told us, “I can do it, wash and dress myself, but occasionally they help if I ask them”.

Staff were responsive to people’s needs. People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. The care plans contained specific information about the person’s ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. For example, people were encouraged to choose what to wear and, supported to make decisions about what they wanted to wear. Changes in care and treatment were discussed with people or their representative before they were put in place. People were included in the regular assessments and reviews of their individual needs.

Staff chatted to people when they were supporting them with walking, and when giving assistance during the mealtime. The staff seemed to know the people they were caring for well. They knew their names, nicknames and preferred names. Staff recognised and understood people's non-verbal ways of communicating with them, for example people's body language and gestures. Staff were able to understand people's wishes and offer choices. There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people. Staff supported people in a patient manner and treated people with respect. We observed the staff knocking on the doors before entering rooms. One person said, “The staff always knocks on the door and they speak out at the same time letting you know they are there which is quite good”. Another person told us, “Staff always close the toilet door when I am in the toilet. They always knock before they come in”.

People said they were always treated with respect and dignity. Staff gave people time to answer questions and respected their decisions. They spoke to people clearly and politely, and made sure people had what they needed. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. We saw people had personalised their bedrooms according to their individual choice. For example family photos, small pieces of their own furniture and their own choice of bed linen. People were relaxed in the company of staff, and often smiled when they talked with them. Support was individual for each person.

During the inspection, we observed that the call bells were answered in a timely manner. People told us, “Staff are very good, you know that sometimes you have to wait if they are waiting for someone else to come to help if you need a lift

Good

Is the service caring?

with the hoist", "Staff come fairly quickly it depends if they are caring for someone else you know you may have to wait. It is not an issue", and "Never had to wait for a long time".

Good

Is the service responsive?

Our findings

People told us they received care or treatment when they needed it. None of the people we spoke with had made a complaint about their care, but told us if they had a problem they would speak with the manager. One person said, “No complaint with anything. The staff are lovely”. Another person said, “I have no complaints, I would speak to the manager. I get on with her very well, very friendly”. A relative commented, “They call the doctor quickly when needed, and they contact us and keep us informed”,

The management team carried out pre-admission assessments to make sure that they could meet the person’s needs before they moved in. People and their relatives or representatives had been involved in these assessments. This was an important part of encouraging people to maintain their independence. People’s needs were assessed by the nursing staff and care and treatment was planned and recorded in people’s individual care plan. These care plans contained clear instructions for the staff to follow to meet individual care needs. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and was consistent with their plan of care.

People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. The care plans contained specific information about the person’s ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. One person told us “When I came in the nurse asked me what my likes and dislikes were and what I could do for myself. They also offered me a choice of a shower or bath, I told them I prefer a bath”. Changes in care and treatment were discussed with people before they were put in place. People were included in the regular assessments and reviews of their individual needs.

The staff recorded the care and support given to each person. Each person was involved in regular reviews of their care plan, which included updating their assessments as needed. The records of their care and support showed that the care people received was consistent with the plans that they had been involved in reviewing. Staff were able to describe the differing levels of support and care provided and also when they should be encouraging and enabling people to do things for themselves. Support was individual for each person. We saw that people could ask any staff for help if they needed it. Staff knew the needs and personalities of the people they cared for.

Staff encouraged people to follow their individual interests and hobbies within the limits of their nursing needs. Some people remained in their bedrooms due to their medical conditions or as a preference. Activities were therefore carried out on an individual basis, and an activities co-ordinator spent time with people in their own rooms. There was a weekly programme of activities displayed on the notice board in the hallway and the lounge. The programme showed morning and afternoon activities. We observed the activity lady doing a quiz with residents in the lounge.

People told us, “I have been down to the music, the sing-along and played cards with a few people”, “We had a sale here last week, I never thought I would do it but have been along to the bingo and have won some prizes, it is a bit of a laugh”, and “I love knitting I have just finished a pullover for my son. My fingers will not allow me sew it together. The activity lady is very kind and has taken it away to sew it together. I knitted for the fete day just waiting to get some more wool. I would like to go out more we had a coach trip last year and I would like to go again”.

There were links with local services for example, local churches and local entertainers. A church service was held during our inspection visit. People were supported in going out of the home or out with relatives when they were able to do this. One person told us “On Wednesday, I was taken out for a walk in my wheelchair around Gillingham Park. It was a lovely sunny day”. Another person told us “I like to stay in my room. I have been here for two weeks now. The activities lady has been in to see me and has told me that I can go out for the day shopping. I love being in my room”.

There was a copy of the minutes of the March 2015 ‘Residents and Relatives’ meeting displayed on the notice board. The minutes showed that people were asked about whether they liked the activities. Previous activities included a visit from the staff from the archives library with bits and pieces on Gillingham town history, and celebrations on the 20th birthday of the service. A suggestion was made at the meeting about finding more out about nutrition and health and it was agreed to invite

Good

Is the service responsive?

the dietician to visit the home. The action plan at the end of the meeting notes recorded that this had been arranged. This showed that people were involved and their views listened to.

People's family and friends were able to visit at any time. One relative told us "I always visit in the afternoon and I know other members of the family visit at the weekend. I don't think there is a restriction on visiting times. The staff always make us welcome. Now I just come up straight up here to see my relative".

Information about making a complaint was available on the information board at the entrance of the service. People were given information on how to make a complaint in a format that met their communication needs, such as large print. People were given the opportunity at regular reviews to raise any concerns they may have. All people spoken with said they would be confident about raising any concerns. One person commented, "I would go to the manager, but I have no complaints". Relatives and people who lived at the service knew the manager and felt that they could talk to the manager with any problems they had. The providers and the registered manager investigated and responded to people's complaints. The provider told us that no formal complaints had been received in the last twelve months. The registered manager confirmed that complaints were investigated appropriately and reported on. The provider said that any concerns or complaints were regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. People told us they knew how to raise any concerns and were confident that the registered manager dealt with them appropriately within a set timescale.

Good

Is the service well-led?

Our findings

People and staff told us that they thought the service was well-led. People said, "The home is very well run, very good manager", "Always sees the manager walking about keeping an eye on everything", "On the whole I am quite happy here, cannot think of anything else the home can do", and "I am quite satisfied, I have got my own bits here, I have a lovely room, it is very nice. I am quite content".

The provider had a clear set of vision and values. These were described in a statement on the noticeboard inside the entrance to the service and in the Statement of Purpose. The aims and objectives was to provide an environment that all people can regard as their home. A place wherein each person can feel valued and have their individual requirements met. A place where comfort and dignity take priority. A place where choices are respected where privacy is an individual right. 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. From our observations and what people told us, it was clear that these values had been successfully cascaded to the staff. It was clear that they were committed to caring for people and responded to their individual needs.

The aims and objectives of the service were set out, and management and staff were able to follow these. For example, they had a clear understanding of what the service could provide to people in the way of care and meeting their physical and mental health needs. Staff understood and were able to describe the aims of the home. These were described in the Statement of Purpose for the service, so that people had an understanding of what they could expect from the service.

The management team at Byron Lodge Nursing Home included the providers, the registered manager, registered nurses, care staff and ancillary staff. The providers provided support to the registered manager, and the registered manager supported the nursing staff, care staff and ancillary staff. Staff understood the management structure of the home, who they were accountable to and their roles and responsibilities in providing care for people.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings; events where family and friends were invited; questionnaires and daily contact with the registered manager and staff. Several people told us that they had attended the 'resident and relatives' meeting and found it useful. One person said, "They always ask if everything is all right. We talk about the food and tell them if we would like something different. The person running the meeting tells us what is coming up and asks what we would like to do".

There were 20 responses by people, to the quality questionnaires completed in May 2015. Overall the response was positive, with 19 people saying they were treated with respect; 17 people saying they enjoyed the meals and 20 people said they had plenty to drink. Written comments on the completed surveys included "Happy with all staff", "Happy to have come here, staff very nice and polite, will do anything for me", "Place very clean", "Excellent staff, excellent food, excellent cleanliness", and "Staff are very good, excellent in fact". This meant that people's views were being listened to.

People and relatives spoke highly of the registered manager and staff. We heard positive comments about how the service was run. They said the registered manager had an open door policy. People said that staff and management worked well together as a team. They promoted an open culture by making themselves accessible to people, visitors, and staff, and listening to their views.

There were systems in place to review the quality of all aspects of the service. Monthly and weekly audits were carried out to monitor areas such as infection control, health and safety, care planning and accident and incidents. Appropriate and timely action had been taken to protect people and ensure that they received any necessary support or treatment. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to make improvements whenever possible.

Communication within the service was facilitated through regular team meetings. Minutes of staff meetings showed that staff were able to voice opinions. We asked five of the staff on duty if they felt comfortable in doing so and they replied that they could contribute to meeting agendas and 'be heard', acknowledged and supported. Staff told us there was good communication between staff and the

Good

Is the service well-led?

management team. The registered manager had consistently taken account of people's and staff's input in order to take actions to improve the care people were receiving.

The registered manager was aware of when notifications had to be sent to the Commission. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

There were effective systems in place to manage risks to people's safety and welfare in the environment. The provider contracted with specialists companies to check the safety of equipment and installations such as gas, electrical systems, hoists and the adapted baths to make sure people were protected from harm. The provider informed us that following an inspection by the Food Standards Agency on 12 January 2015, they received a 5 star award.