Kathleens Lodge Rest Home Ltd

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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

We inspected Kathleens Lodge Rest Home on the 19 August 2016. Kathleens Lodge Rest Home is a care home registered to provide support for older people who may have dementia and require personal care. The home is registered to support a maximum of 20 people. The home is located in Shoreham By Sea, East Sussex in a residential area. There were 19 people living at the service on the day of our inspections. This service was registered by CQC on 27 October 2015, due to a change in the legal entity, however the management and staff remain the same as the previous registration. Kathleens Lodge Rest Home has not been previously inspected under their current registration.

A registered manager was in post. 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 and associated Regulations about how the service is run.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "I feel safe here". Another said, "Yes, there's plenty of staff, if I call they come". When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, including the care of people with dementia and bowel care training. Staff had received both one-to-one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place. One member of staff told us, "Supervision is regular and useful". Another said, "We get good training and sometimes nurses come in and train us".

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. One person told us, "The

food is good, I like it". Special dietary requirements were met, and people's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People chose how to spend their day and they took part in activities in the service and the community. People told us they enjoyed the activities, which included singing, films, arts and crafts and themed events, such as reminiscence sessions and pub nights. One person told us, "There are plenty of good activities going on. There pretty good at activities, it's not boring". People were also encouraged to stay in touch with their families and receive visitors.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. One person told us, "The staff are lovely". Care plans described people's needs and preferences and they were encouraged to be as independent as possible.

People were encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed. A visitor told us, "I've got no concerns, but I would always speak to the manager or staff".

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns. The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

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 understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good

The service was effective.

People spoke highly of members of staff and were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutritional needs. Their health was monitored and staff responded when health needs changed.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in meaningful activities. They were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident they would be listened to and acted on.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff spoke highly of the registered manager. The provider promoted an inclusive and open culture and recognised the importance of effective communication.

There were effective systems in place to assure quality and identify any potential improvements to the service being provided.

Forums were in place to gain feedback from staff and people. Feedback was regularly used to drive improvement.

Kathleens Lodge Rest Home Ltd

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.

The inspection took place on the 19 August 2016. This visit was unannounced, which meant the provider and staff did not know we were coming. Kathleens Lodge Rest Home has not been previously inspected under their current registration.

One inspector undertook this inspection. Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority, and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

On this occasion, we had not asked the provider to submit a Provider Information Return (PIR) prior to the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We observed care in the communal areas and over the three floors of the service. We spoke with people and staff, and observed how people were supported during their lunch. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation.

During our inspection, we spoke with six people living at the service, a visiting friend of someone living at the

service, two care staff, the registered manager, the deputy manager, the provider, the activities co-ordinator and the cook. We also 'pathway tracked' people living at the home. This is when we followed the care and support a person's receives and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People told us they considered themselves to be safe living at Kathleens Lodge Rest Home, the care was good and the environment was safe and suitable for their individual needs. One person told us, "I feel safe here". Another person said, "I'm safe here, I've got no troubles". A further person added, "I'm safe here, nobody's going to bump me off".

People were supported to be safe without undue restrictions on their freedom and choices about how they spent their time. Throughout the inspection, we regularly saw people moving freely around the service. The registered manager and staff adopted a positive approach to risk taking. Positive risk taking involves looking at measuring and balancing the risk and the positive benefits from taking risks against the negative effects of attempting to avoid risk altogether. Risk assessments were in place which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity.

There were further systems to identify risks and protect people from harm. Risks to people's safety were assessed and reviewed. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We also saw safe care practices taking place, such as staff supporting people to mobilise around the service.

Staff had a good understanding of what to do if they suspected people were at risk of abuse or harm, or if they had any concerns about the care or treatment that people received in the home. One member of staff told us, "I know all about the signs of abuse, I've had safeguarding training". They had a clear understanding of who to contact to report any safety concerns and all staff had received up to date safeguarding training. They told us this helped them to understand the importance of reporting if people were at risk, and they understood their responsibility for reporting concerns if they needed to do so. There was information displayed in the home so that people, visitors and staff would know who to contact to raise any concerns if they needed to. There were clear policies and procedures available for staff to refer to if needed.

Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. The registered manager told us, "We have enough staff. We put on extra staff to help out at lunch and busy times, or if anybody needs one to one care". We were told agency staff were not used and existing staff, including those from another sister service, would also be contacted to cover shifts in circumstances such as sickness and annual leave. Feedback from people and staff indicated they felt the service had enough staff and our own observations supported this. One person told us, "Yes, there's plenty of staff, if I call they come". Another person said, "Some are better than others, but they are always about and help me when I need them". A member of staff added, "I think there are enough staff. If anyone calls in sick then people cover, or [the registered manager] would just come out onto the floor and help".

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or

were barred from working with children or vulnerable people. The home had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. The provider employed a dedicated maintenance worker who carried out day-to-day repairs and staff said these were attended to promptly. Regular fire alarm tests took place along with water temperature tests and regular fire drills were taking place to ensure that people and staff knew what action to take in the event of a fire. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan. Generic and individual health and safety risk assessments were in place to make sure staff worked in as safe a way as possible.

People received their medicines safely. We looked at the management of medicines. Senior care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

We observed a member of staff administering medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Nobody we spoke with expressed any concerns around their medicines. One person told us, "I always get my tablets from them in the morning". Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Good

Is the service effective?

Our findings

People told us they received effective care and their individual needs were met. One person told us, "I can't complain about anything they give me what I need". Another said, "I would say that the staff are well trained". Another person added, "There are good staff here". A person said, "They [the staff] are very good and very efficient".

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. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained the person's care to them and gained consent before carrying out care. Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. One member of staff told us, "I've had online training about the MCA, I know what consent is. We would always ask first before we carried out any kind of care". Members of staff recognised that people had the right to refuse consent. The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty, and we saw appropriate paperwork that supported this.

Staff told us the training they received was thorough and they felt they had the skills they needed to carry out their roles effectively. Training schedules confirmed staff received essential training on areas such as, moving and handling, medication and infection control. Staff had also received training that was specific to the needs of the people living at the service, this included caring for people with dementia, and bowel care training. Staff spoke highly of the opportunities for training. One member of staff told us, "We're told about what training is required and any workshops we can attend". Another added, "They are always supportive with training. They give us stepping stones to advance and opportunities to grow".

The provider operated an effective induction programme which allowed new members of staff to be introduced to the running of Kathleens Lodge Rest Home and the people living at the service. Staff told us they had received a good induction which equipped them to work with people. One member of staff told us, "I'd worked in care before, but the induction here was useful to get to know the residents and how the home works". The registered manager added, "Staff shadow more experienced members of staff on induction. We discuss individual residents and training. Staff get put onto the care certificate or NVQ (National Vocational Qualification), I'm pretty hot on NVQ". The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

There was an on-going programme of supervision. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Members of staff commented they found the forum of supervision useful and felt able to approach the registered manager with any concerns or queries. One member of staff told us, "Supervision is regular and useful". Another added, "I get supervision, but can raise anything I want with the manager at any time".

People commented that their healthcare needs were effectively managed and met. They felt confident in the skills of the staff meeting their healthcare needs. One person told us, "They get the doctor for me if I'm ill". Staff were committed to providing high quality, effective care. One member of staff told us, "One morning one of the residents was looking grey and coughing, I just phoned an ambulance". Where required, people were supported to access routine medical support, for example, from an optician to check their eyesight. In addition, people had input into their care from healthcare professionals such as doctors, occupational therapists, speech and language therapists and chiropodists whenever necessary. The registered manager added, "Staff would report to me. We would then contact the GP, chiropodist, optician, community mental health team. We also support people to access health appointments".

People were complimentary about the food and drink. One person told us, "The food is good, I like it". Another person said, "The food is good and that's all I care about". A further person told us how they could make specific requests to the cook. They said, "The food is good and you get a menu to choose from, but if you change your mind they'll do you something different. I've asked them to make a salad for me today". People were involved in making their own decisions about the food they ate. Special diets were catered for, such as diabetic and fortified. For breakfast, lunch and supper, people were provided with options of what they would like to eat. The cook told us, "We record the resident's food and what they ate and what they didn't like. I know about people's preferences and what they want and any special food. If people tell me they want something, then I will go and shop for it". The cook confirmed that there were no restrictions on the amount or type of food they could order.

We observed lunch in the dining area and lounges. It was relaxed and people were considerately supported to move to the dining areas, or could choose to eat in their room or one of the lounges. Tables were set with place mats, napkins and glasses. The cutlery and crockery were of a good standard, and condiments were available. The food was presented in an appetising manner and people spoke highly of the lunchtime meal. The atmosphere was enjoyable and relaxing for people. We saw people and staff laughing about where ketchup should be placed on plates to enjoy the fish chips and peas the most. This caused lots of laughter and people were clearly enjoying the lunchtime experience. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or additional choices.

Staff understood the importance of monitoring people's food and drink intake and monitored for any signs of dehydration or weight loss. Where people had been identified at risk of weight loss, food and fluid charts were in place which enabled staff to monitor people's nutritional intake. People's weights were recorded monthly, with permission by the individual. Where people had lost weight, we saw that advice was sought from the GP.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. They told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "The staff are very fair, they treat me well". Another person said, "The staff are lovely". A visiting friend added, "Our friend is always given choice, he's always saying how happy he is".

Positive relationships had developed with people. One person told us, "I get in well with the staff, I do really". Staff showed kindness when speaking with them. Staff took their time to talk with people and showed them that they were important. Staff always approached people face on and at eye level, they demonstrated empathy and compassion for the people they supported. Friendly conversations were taking place. Staff demonstrated a strong commitment to providing compassionate care. From talking to staff, they each had a firm understanding of how best to provide support.

The manager told us that staff ensured that they read peoples care plans in order to know more about them. We spoke with staff who confirmed this was the case and gave us examples of people's individual personalities and character traits. We saw that a person progressively became more agitated. A member of staff intervened and spoke softly and calmly and gave them an I-pad which played their favourite songs. The person sang along with the music, becoming more relaxed and the member of staff sat with them and chatted about the music that was playing. It was clear that the member of staff knew this person well and could recognise the best way to make them feel better.

Kathleens Lodge Rest Home had a calm and homely feel. Throughout the inspection, people were observed freely moving around the service and spending time in the communal areas. People's rooms were personalised with their belongings and memorabilia. People were supported to maintain their personal and physical appearance, and were dressed in the clothes they preferred and in the way they wanted.

The registered manager and staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. They told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed, how and where to spend their day and what they wanted to wear. One person told us, "I go to bed when I want, I like my sleep". Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "It's all about choice. If somebody wants to lie in bed until lunchtime, that's fine. We'll just bring them their lunch in bed". The registered manager added, "We give people choice in all they do, whether it's getting up or going to bed, or what they want to do". We were given an example whereby one person chose to sleep for most of day and remain awake at night. The registered manager said, "We have changed the way the night staff work, to ensure that food and drink and interaction are available at night".

There were arrangements in place to protect and uphold people's confidentiality, privacy and dignity. Members of staff had a firm understanding of the principles of privacy and dignity. As part of staff's induction, privacy and dignity was covered and the registered manager undertook competency checks to ensure staff were adhering to the principles of privacy and dignity. They were able to describe how they worked in a way that protected people's privacy and dignity. One member of staff told us, "I make sure that people's doors are closed and screens are up if they are sharing a room". People confirmed staff upheld their privacy and dignity, and we saw doors were closed and staff knocking before entering anybody's room.

Staff supported people and encouraged them, where they were able, to be as independent as possible. One member of staff told us, "I always encourage people to be independent, such as washing their face and their front". We saw examples of people assisting to lay the tables for lunch and dinner, and care staff informed us that they always encouraged people to carry out personal care tasks for themselves, such as brushing their teeth and hair. People also used adapted cutlery and plate guards at mealtimes, to enable them to eat independently. The registered manager added, "We have a sweet shop in the home, and we give one resident vouchers to go and shop with. It promotes their independence and makes them feel like they are shopping. We also encourage independence around personal care and washing and accessing the garden. Some residents help to lay the tables, do the dusting and fold napkins".

People were able to maintain relationships with those who mattered to them. Visiting was not restricted and guests were welcome at any time. People could see their visitors in the communal areas or in their own room. A visiting friend told us, "We're always made to feel welcome whenever we visit". The registered manager added, "There are no restrictions on visitors. We treat the families like we treat the residents".

Good

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. People had access to a range of activities and could choose what they wanted to do. One person told us "I love doing the quizzes, I really love those". A visitor said, "I absolutely can't fault the place, they do so many activities".

There was regular involvement in activities and the service employed a specific activity co-ordinator. Keeping occupied and stimulated can improve the quality of life for a person, including those living with dementia. Activities on offer included singing, films, arts and crafts and themed events, such as reminiscence sessions which included dressing up and pub nights. One person told us, "There are plenty of good activities going on. There are pretty good at activities, it's not boring". Meetings with residents were held to gather peoples' ideas, personal choices and preferences on how to spend their leisure time. On the day of the inspection, we saw activities taking place for people. We saw people playing a reminiscence quiz game together. People were clearly enjoying the activity and it engaged several other people in the room. We saw that activity logs were kept which detailed who attended the activity and what they thought of it, which enabled staff to provide activities that were meaningful and relevant to people. For example, feedback from people resulted in a party being organised to celebrate the Queen's birthday.

The service ensured that people who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. There was an individual one to one activities programme for people who were bedbound or preferred to remain in their rooms. One person told us, "I just like to snuggle down in my room with a book, they often get me new books and come and sit with me". We saw that staff set aside time to sit with people on a one to one basis. A member of staff told us, "We visit people in their rooms and read and chat to them. We use sensory blankets". We were given an example whereby a pot making class had been scheduled for people. One person did not want to join in with the physical making of pots, but had an interest in the activity. The person was given an electronic application on an I-pad which simulated pot making, so that they were able to feel part of the activity. The service also supported people to maintain their hobbies and interests, for example one person had an interest in dogs and was given access to electronic media about dog shows. Another person used to be a ballroom dancer, and the service had arranged for one of their former dance partners to visit them.
We saw that people's needs were assessed and plans of care were developed to meet those needs, in a structured and consistent manner. Nobody we spoke with could recall being involved in developing their care plans, however, paperwork confirmed they were involved in the formation of the initial care plans and were subsequently asked if they would like to be involved in any care plan reviews. Care plans contained personal information, which recorded details about people and their lives. Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.

Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required meeting those needs. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that

individual. For example, one care plan stated that a person wished to enjoy their breakfast in the dining room each day. Another care plan stated that 'I like to sit in the garden and I like to chat with the ladies. I don't like to join in with the activities'.

The registered manager told us that staff ensured that they read peoples care plans in order to know more about them and they operated a 'key worker' system to allocate staff to specific people in order to get to know them better. We spoke with staff who confirmed this and gave us examples of people's individual personalities and character traits that were reflected in peoples care plans. One member of staff told us, "We always put the residents first and the residents and staff really get to know each other really well". Another said, "I read the care plans. They are the best ones I've seen, we have regular access to them and they have a lot of information them about people". A further member of staff added, "We are key workers to certain residents. Part of this is checking on the resident, getting to know them and their families. It about understanding their day to day care".

There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. One person told us, "They listen to me and always ask if I'm alright". A visitor told us, "They listen and sort things out. They will always call us if they have any concerns and ask us what we think". Satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was on the whole positive, and changes were made in light of peoples' suggestions.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. One person told us, "I'd feel confident to make a complaint". A visitor told us, "I've got no concerns, but I would always speak to the manager or staff". The complaints procedure and policy were accessible and displayed around the service. Complaints made were recorded and addressed in line with the policy with a detailed response. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally.

Good

Is the service well-led?

Our findings

People, relatives and staff all told us that they were satisfied with the service provided at the home and the way it was managed. Staff commented they felt supported and could approach the registered manager with any concerns or questions. One person told us, "The manager's ok, we get on". Another person added, "It's a nice home, we get all we could want". A member of staff said, "I would put my relative here, I think the care is good".

People were actively involved in developing the service. We were told that people gave feedback about staff and the service, and that residents' meetings also took place. We saw that people had been involved in choosing transfers that covered the doors to their room, so that they looked like a front door, which assisted with orientation. Additionally people had chosen signage around the service. We were also told how people expressed and interest to visit the pub. Trips to the pub had gone ahead, but at the request of people, the provider had built a bar in the service. We saw another example, of where person was taken to a care exhibition, to help guide members of staff on which equipment to buy and what activities would be interesting to people living at the service.

We discussed the culture and ethos of the service with the provider, registered manager and staff. They told us, "This is a family run business and we treat it like a family home. Us [the management] and staff are attached to the residents like family". One person supported this and told us, "As far as I can see, the home is well managed. I have no complaints". A member of staff added, "I think this is a good home. People are well looked after. The home is clean and tidy and nice. If I didn't like it, I wouldn't work here". In respect to staff, the registered manager added, "We support the staff. I will show them the proper way to do things. We support them at work and emotionally as well". Staff said they felt well supported within their roles and described an 'open door' management approach. One said, "There are no issues with the manager, she knows what's going on. 100% I can approach her". Another said, "The manager is firm, but fair, and she will always muck in to help. I can approach her and she listens to us and takes us seriously".

Staff were encouraged to ask questions, make suggestions about how the service is run and address problems or concerns with management. We were give an example whereby from feedback from staff, the planning of working shifts was amended to provide more consistent care to people. The registered manager told us, "The staff aren't shy in asking questions and approaching me. They know their responsibilities". A member of staff said, "We've worked with each other for years, we've got a good team here and we all get involved in how the place is run". Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. We saw that policies, procedures and contact details were available for staff to do this.

Management was visible within the service and the registered manager worked alongside staff which gave them insight into their role and the challenges they faced. The registered manager told us, "My door is always open. I have a good rapport with the staff". The service had a strong emphasis on team work and communication sharing. There were open and transparent methods of communication within the home. Staff attended daily handovers. This kept them informed of any developments or changes to people's needs.

One member of staff told us, "In handover meetings we discuss each resident, anything that has happened and any changes". Another member of staff said, "We communicate really well and have a handover meeting every six hours. Staff commented that they all worked together and approached concerns as a team. One member of staff said, "It's a good place to work, we're all on the same level, managers and staff. We're all on the same page and help each other".

The provider undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included medication, care planning and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed.

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The registered manager was supported by the provider and was able to meet with managers from other services with links to Kathleens Lodge Rest Home. Up to date sector specific information was also made available for staff, including guidance around moving and handling techniques and the care of people with dementia. We saw that the service also liaised regularly with the Local Authority, the Dementia In-Reach Service and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff.