Kent Old People's Housing Society Limited

Bradstowe 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

This inspection took place on 30 September 2016 and was unannounced.

Bradstowe Lodge is owned and run by a charitable organisation. It provides accommodation and personal care support for up to 27 older people. It is situated on the seafront of Broadstairs and has coastal views. At the time of the inspection there were 26 people living at the service.

A registered manager was in post. 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. The day to day running of the service was managed and overseen by the registered manager with the support of a deputy manager and a head of care. They were all present during the inspection.

People said they felt safe living at the service. Risks to people were identified and assessed and guidance was provided for staff to follow to reduce risks to people. People received their medicines safely and on time.

Staff knew about abuse and knew what to do if they suspected any incidents of abuse. Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service. Staff were confident that any concerns they raised with the management team would be investigated to ensure people were kept safe.

The registered manager followed the provider's recruitment policy to make sure that staff were of good character. Staff completed regular training, had one to one meetings and annual appraisals to discuss their personal development. There were consistent numbers of staff deployed, day and night, to meet people's needs. Contingency plans were in place to cover a shortage of staff in an emergency.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. Staff knew the importance of giving people choices and gaining their consent.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. There was no-one living at Bradstowe Lodge with an authorised DoLS.

People enjoyed a choice of healthy, home-cooked, food and told us they had enough to eat and drink. People's health was assessed and monitored and staff took prompt action when they noticed any changes or a decline in health. Staff worked closely with health professionals, such as community nurses and GPs,

and followed any guidance given to them to ensure people received safe and effective care.

People told us they were happy living at the service and that their privacy and dignity were respected. Staff spoke with people in a patient, kind, caring and compassionate way. People were involved in the planning of their care and support and told us care was provided in the way they chose. Each person had a descriptive care plan which had been written with them and their relatives. People's religious and cultural needs were recorded and respected.

People knew how to complain and told us they had no complaints about the quality of service or the support they received from the staff team. The provider had a complaints policy and procedure, a copy was given to each person at the service.

People's friends and family could visit when they wanted and there were no restrictions on the time of day. Staff spent time with people on a one to one basis. There was a range of activities which people told us they enjoyed. People were encouraged and supported to maintain as much independence as possible.

People, staff and health professionals felt the service was well-led. There was effective and regular auditing and monitoring. People, relatives and health professionals were asked their views on the quality of the service provided. The registered manager regularly met with people, their families and staff to encourage them to input into the day to day running of Bradstowe Lodge.

Staff understood the culture and values of the service – 'Putting people first', 'Integrity', 'Impartiality and genuine concern for individuals' and 'Ensuring that the desired outcomes are person centred specific to people's individual needs'.

The provider had submitted notifications to CQC in a timely manner and in line with CQC guidelines.

We last inspected Bradstowe Lodge in January 2014 when no concerns were identified.

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.

People felt safe living at Bradstowe Lodge. Risks to people were assessed and there was guidance for staff on how to reduce risks. Staff knew how to keep people safe and how to recognise and respond to abuse.

People received their medicines safely and on time. Medicines were stored, managed and disposed of safely.

Recruitment processes were followed to make sure staff employed were of good character. There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

The registered manager coached and mentored staff through one to one meetings and an annual appraisal to discuss their personal development. Staff regularly completed training to keep their skills and knowledge up to date.

Staff knew the importance of giving people choices and gaining people's consent. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People's health was assessed, monitored and reviewed. Staff worked with health professionals to make sure people's health care needs were met. People had enough to eat and drink and enjoyed the home-cooked food.

Is the service caring?

Good

The service was caring.

Staff were friendly, patient and kind. They promoted people's dignity and treated them and their relatives with respect.

Staff knew people and their relatives well. Staff knew people's life histories, likes and dislikes and any preferred routines.

People's confidentiality was respected and their records were stored securely.

People's choices regarding their end of life care were recorded and regularly reviewed.

Is the service responsive?

Good

The service was responsive

People told us they had been involved in planning their care. Each person had a care plan which centred on them and their wishes. Care plans were regularly reviewed.

People were supported to follow their interests and take part in social activities.

People knew how to complain and said they had no complaints or concerns.

Is the service well-led?

Good

The service was well-led

People, their relatives, staff and health professionals felt the service was well-led.

There was an open and transparent culture. People, relatives and staff were encouraged to make suggestions to improve the service.

Regular and effective audits were completed. Actions were taken when shortfalls were identified.

Notifications had been submitted to CQC in line with guidance.

Bradstowe 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.

This inspection took place on 30 September 2016 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We looked around all areas and grounds of the service and talked to ten people who lived there and four relatives. Conversations took place with people in their own rooms and in communal areas. During our inspection we observed how staff spoke with and engaged with people. We spoke with staff and the management team which comprised of the head of care, the deputy manager and the registered manager.

We looked at how people were supported throughout the inspection with their daily routines and activities and assessed if people's needs were being met. We reviewed care plans and associated risk assessments. We looked at a range of other records, including safety checks, staff files and records about how the quality of the service was monitored and managed.

We last inspected Bradstowe Lodge in January 2014 when no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe living at Bradstowe Lodge and that staff supported them to keep safe and well. People said, "There is a feeling of homeliness" and "I had pressure sores and they have improved a lot, if the nurse doesn't come the staff chase them straight away". A member of staff commented, "I regularly speak to my three key residents to see if they have any concerns and make sure they feel like they are in a safe environment. Sometimes you pick up vibes from people and you know something is wrong, so I just give them lots of chance to talk if they want".

People were protected from the risks of abuse. Staff knew what to do if they suspected any incidents of abuse. Staff told us, "If I had any concern or was worried about abuse I would speak to a senior. You can also refer to the manager", "I can talk to the senior, if they didn't respond I would go the management, I could also go to the Care Quality Commission (CQC)" and "If it was safeguarding I could go to the head of care, manager, committee or CQC". Staff said they were confident the management team would take action if needed. The provider had a policy and procedures for staff to refer to. Staff had completed training about keeping people safe and this was confirmed by the training records. The registered manager knew what should be reported in line with current guidance. When there had been notifiable incidents these had been consistently reported to CQC and / or the local authority.

Staff knew how to keep people safe and understood their responsibilities for reporting accidents and incidents to the registered manager. Any accidents, incidents or near misses were then reviewed by the registered manager and, when needed, concerns were raised with the relevant authorities in line with guidance. The management team analysed accidents to look for any trends. When a pattern or theme was identified action was taken to refer people to health professionals, such as, community nurses, mental health specialists and speech and language therapists, to reduce risks and keep people safe.

Staff were aware of the provider's whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff were confident the management team would listen to their concerns and take the appropriate action to make sure people were protected.

Risk assessments detailed potential risks and gave staff guidance on how to reduce risks and keep people safe. For example, there was individual guidance for staff about people living with diabetes. A diabetes profile detailed what blood sugar levels were normal for the person, what action to take if the levels became too high or too low and what signs to look for. Risk assessments were updated as changes occurred in people's needs. These were regularly reviewed to make sure they were up to date.

When people had difficulty moving around the service there was guidance for staff about what they could do independently and what special equipment people needed, such as a walking frame. Special equipment, like hoists and pressure mattresses, were regularly checked and maintained to make sure they were safe for people to use.

People told us staff encouraged and supported them to keep their skin as healthy as possible. When people

were at risk of developing pressure areas staff made sure people had special equipment, such as, air mattresses and air cushions. Staff supported people to regularly apply barrier creams to their skin. Staff knew how to prevent pressure areas and recognised changes in people's skin and discussed them with senior staff so the appropriate action could be taken. Records showed, and staff confirmed, prompt referrals to health professionals, such as, tissue viability nurses and GPs, were made to make sure people received the right treatment in good time.

The provider had recruitment and disciplinary policies and procedures which were followed by the management team. Staff files were well organised and contained proof of identity. Recruitment checks were completed to make sure staff were honest, trustworthy and reliable to work with people. These checks included written references and a full employment history. Any gaps in people's employment history were discussed at interview and recorded. Disclosure and Barring Service (DBS) criminal record checks had been completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Staffing levels were constantly monitored by the management team to make sure there were enough staff, with the right skills, on each shift to meet people's needs and keep them safe. The deputy manager told us, "If people are unwell and need extra input we put on extra staff. We can move the rota and staffing levels to meet the needs of the people. For example, we had a person whose mental health deteriorated and they needed one to one support at night. We put on a third night staff member to keep them safe". There were contingency plans for emergencies, such as staff sickness. For example the deputy manager said, "We have previously employed people for split shifts to meet needs, if that need changed then they went on normal rota or on to flexi bank".

Each person had a personal emergency evacuation plan which set out their specific physical and communication needs, and any special equipment they needed, to ensure they could be safely evacuated from the service in an emergency. A folder containing essential information about people's individual needs, including health conditions and medicines, was easily accessible for staff to pass to other health professionals in an emergency. The registered manager had made contingency arrangements with a local hotel if people needed to be moved from the service in an emergency to make sure they had a safe and warm place to go to.

People received their medicines safely and on time. Staff were trained in how to manage medicines safely. Staff were observed supporting people with their medicines, by the management team, to check they remained competent to do so. Medicines were managed, stored and disposed of safely and in line with guidance. Medicines trolleys were securely stored when not in use; were clean, tidy and not over-stocked. Medicines were checked and rotated to make sure they did not go out of date. Staff regularly checked temperatures in the medicines store and fridge to make sure the medicines worked as they were meant to. Some medicines were prescribed on an 'as and when' basis, such as pain relief. There were guidelines for staff to follow about when to give these medicines. People's medicines were reviewed by their doctor to make sure they were suitable.

Good

Is the service effective?

Our findings

People told us that staff supported them when they needed them. People and their relatives had confidence in the staff. People said they enjoyed the food and commented, "You choose what you want to eat" and "I love the soup". A relative told us, "It's really friendly here; we get lots of one to one attention, offers of drinks and are just made to feel at home".

People received effective care from staff who were trained in their roles. When staff began working at the service they completed an induction. Newly employed staff were working towards achieving the Care Certificate. This is a nationally recognised set of standards that social care workers adhere to in their daily life. New staff shadowed experienced colleagues to get to know people, their preferences and routines.

Staff completed regular training to keep them up to date with current best practice. The registered manager noted on the Provider Information Return, 'We are very pleased with our training system. The process, which begins with staff studying the subject, answering the unit questions and then completing an extensive knowledge paper which is then forwarded to external verifiers for marking. Once passed these are then certificated, staff then receive a payment on receiving their certificates. The system has proved to be effective because the staff choose their own time for studying they are required to return the completed papers within a given time scale'. Staff were paid for the hours they spent training and were able to do this at home or at the service. They were mentored and supported by the management team. Other training was face to face, such as using special moving and handling equipment. Staff told us, "I've done lots of training some courses are very interesting, but it can be hard to find the time to do them" and "We regularly have training. Things change so quickly so it helps to refresh what you know. It helps you do your job the right way. I think of the residents - it is their care so you have to do it right".

A record of the training undertaken was monitored by the registered manager. Training courses were relevant to people's needs and included prevention of pressure sores, dementia and diabetes. Staff were encouraged and supported to complete additional training for their personal development. For example, staff completed or were working on, adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications staff must prove they have the ability (competence) to carry out their role to the required standard. One member of staff said, "I had lots of support and training. I've done my level 2 and 3 NVQ and have even been offered the chance to start my 5 but I am not sure about that yet".

Staff said they felt supported by the management team and that they worked closely together as a team. Staff had structured, one to one supervision meetings to discuss their performance, learning and development choices and any strengths or support needed. The registered manager had identified that the supervision meetings had not taken place as often as they would have liked and had taken action to change this. They agreed this was an area for improvement. Staff had an annual appraisal which included career development and any actions needed.

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 make 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 so that they can 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 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. The registered manager and staff understood their responsibilities in relation to DoLS. At the time of the inspection there was no-one living at the service with an authorised DoLS.

People made decisions about their care and support which were respected by staff. People were empowered to have as much control over their daily life as possible. Staff commented, "People can make their own decisions. If they didn't understand something I would try and explain it in a different way" and "I'm aware of DoLS and MCA, for me it is about supporting people to make their own choices and listening to them". Staff told us that when people needed support from their relatives or advocates to make complex decisions this was provided. An advocate is an independent person who can help people express their needs and wishes, weigh up and make decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. When people did not have the capacity to make complex decisions, meetings were held with the person, their representatives and health professionals to make sure decisions were being made in the person's best interest.

The provider's 'Philosophy of care' noted they strived to 'Offer the freedom of choice to live their lives as they wish in a caring, supportive environment'. Staff had completed training on the MCA and knew how the principles of the MCA impacted on the people they supported. During the inspection people were empowered to have as much choice as possible. People were offered choices and made decisions which were respected and supported by the staff. People were able to make choices about how they lived their lives, including how they spent their time each day.

Some people had made advanced decisions, such as Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), this was recorded and kept at the front of people's care plans so that people's wishes could be acted on. These were reviewed to make sure they were still what the person wanted.

People enjoyed a choice of healthy food and drinks and told us, "The food is lovely" and "The food is excellent". People were regularly asked about their views on the menu and if they would like anything added to or removed from the menu and it was adjusted to suit people's preferences. Staff said, "There are great choices on the menu". People told us they sometimes enjoyed 'a tipple'. The registered manager commented, "If the resident wants a drink they have a glass. They need to be able to live their lives as they want to and we support them to do that".

Meals were a social time and people sat together chatting in the dining room. The food looked appetising and people ate well. Staff were attentive to people's needs at mealtimes. There were constant checks on satisfaction, such as, "Is everything alright with your lunch", ""Would you like another drink", "Can you manage or would you like me to help" and "Did you enjoy your lunch".

The catering staff adapted menus to take into account people's needs and preferences. They were aware of people's food intolerances, allergies and diabetic needs. Some people were at risk of dehydration or malnutrition. When people were at risk of losing weight this was monitored by staff and action taken to refer

people to dieticians. Staff followed guidance given by specialist health professionals. For example, some people had their meals fortified with full fat milk, cream, cheese and other high fat products.

People had access to specialist health professionals when they needed it. Staff worked closely with health professionals, such as, the community nursing team, dieticians and doctors. Staff monitored people's health and took prompt action if they noticed any changes. Staff spoke with people and their families to make sure they had the information they needed about their care and treatment.

Good

Is the service caring?

Our findings

People said they were happy living at Bradstowe Lodge and that the staff were kind and caring. People said, "I can't fault the place. The staff are very helpful and I can have a laugh with them. It's a very nice place" and "The staff are wonderful. Some people here need lots of care and they do it well. They always have a smile and appear happy". A relative commented, "The care is outstanding. The staff are lovely; so kind to us as visitors. It's amazing support - if I had to go into a home I would be happy to live here". A member of staff said, "All the staff are caring here".

People told us the staff were, "Genuinely caring" and "Kind and caring". One person commented, "When I came here I struggled to walk without help, when I used my 'Zimmer' the staff were thrilled for me and everyone was smiling". The registered manager had noted on the Provider Information Return (PIR), 'We take care to ensure that the staff we employ are of a genuine caring nature. Staff are carefully monitored to assess their suitability to continue to deliver our service. We are looking for quality work, observance and most importantly attitude. We are proud of the staff working at the home having confidence that those employed here genuinely care for the people they are looking after. It is our policy and practice, that anyone entering Bradstowe Lodge are treated equally in a welcoming and caring manner from the paper boy to visiting professionals, this attitude and approach is the norm and affects the quality of service we deliver because these qualities establish the culture of the business'. During the inspection staff spoke with people, their friends and families and each other in a kind, respectful and compassionate way.

There was a strong, visible culture which centred on each individual and their preferences and needs. The registered manager and staff knew people and their families well and had built strong, trusting and positive relationships with them. The registered manager and staff had received many 'thank you cards'. Comments noted, '[My loved one] was very happy in their three years at Bradstowe Lodge. We would like to congratulate you all in running a care home that is full of love and attention to the residents. Always a happy and caring atmosphere' and 'Thank you to everyone at Bradstowe Lodge for your care and support of [our loved one] during their five year stay with you. The fact that they were looked after and cared for was hugely important to the family'.

Staff communicated effectively with people and each other, speaking quietly and patiently, allowing people to respond in their own time. During the inspection staff were constantly checking people had everything they needed. For example, as staff carried out their duties they placed a hand on people's shoulders and asked if they needed anything or if they needed any support.

People told us they were involved in planning their care and support and that it was provided in the way they had chosen. People's personal choices were reflected in the care plans. These were reviewed with people each month and changes in people's needs or preferences were recorded.

People's rooms were personalised in the way they had chosen and many had personal effects, such as furniture, pictures and photographs, to help them feel at home. Staff knew people and their individual preferences well, including their life histories and spoke with them about things that were familiar and

important to them.

People said their privacy and dignity was respected and promoted. Staff respected people's personal space and were discreet when supporting people with their personal care. The provider's 'Philosophy of care' noted, 'To maintain the physical, emotional and spiritual needs of people; recognising their rights to dignity, privacy and confidentiality'. People chose whether or not to have a key to their bedroom. During the inspection conversations about people's care were held in private and people's care records were stored securely to protect confidentiality. Records were located promptly when we asked to see them.

People, their friends and relatives, and staff told us that visitors were welcome at any time and there were no restrictions. One person said, "Sometimes I have lots of visitors but [the staff] never worry. Everyone is welcome". The registered manager commented, "Bradstowe Lodge operates an 'open door' policy with relatives and friends being welcome at any time". Relatives were invited to social occasions, such as barbecues, to spend time with their loved ones.

People's choices and preferences for their end of life were recorded and kept under review to make sure their care and support was provided in the way they had chosen. Some people had an 'advanced care plan' which had been written with them and their family. (When people have a terminal illness or are approaching the end of their life an advanced care plan involves thinking and talking about their wishes for how they are cared for in the final few months of their life). Staff told us they had completed palliative care and bereavement training and that this helped them support people and their families. The registered manager noted on the PIR, 'End of life care is discussed sensitively and advanced care planning is documented provided the person and family are comfortable with the subject. During the end of life care, staff will respond sympathetically to the circumstances and conditions at the discretion of the person's known wishes. Relatives are accommodated sensitively and given time and privacy with the support of all staff specific to their circumstances'. The staff team worked closely with specialist health professionals, such as the local hospice, and followed guidance provided by them to ensure people had a comfortable dignified and pain free death.

People's religious and cultural needs and preferences were recorded and respected. Staff supported people to attend places of worship. Arrangements were made for visiting clergy from different denominations so people could follow their beliefs.

Good

Is the service responsive?

Our findings

People told us they received care and support when they needed it and that staff were responsive to their needs. People said, "You can ask [the staff] for anything and they will do it" and "It was hard to adjust but I like my room, I can see the sea. I spend most of my time in my room. The staff check on me – they are all lovely". During the inspection staff were responsive to people's needs. They were not rushed and spent time with people making sure they had everything they needed.

People were involved in the planning, management and reviewing of their care and support. When people were thinking of moving to Bradstowe Lodge a pre-assessment was completed so the registered manager could check they could meet people's needs. From this information a care plan was developed, with people and their family, to give staff the guidance they needed to look after the person in their preferred way.

The registered manager told us, "People often struggle with the move they can grieve for lots of things, their independence, their home, their things and their friends or family. You need to listen to them and their family. Offer reassurance; let them know other people have felt the same way. Encourage them to build relationships with other service users, staff and other families. Be aware they might be distressed and chat to them about how they feel, explain that we understand and they can talk to anyone. We make a point of touching base with them regularly to check how they are doing. Ask if we can do anything better? Do they need any changes? Try the best to make them comfortable".

When people moved in to Bradstowe Lodge they were given a 'welcome pack' which noted, 'We hope your stay with us will be happy and that you will be comfortable in your new surroundings. Your first few days may be confusing and may feel very strange to you, learning new names, making new friends, finding your way around the house etc. To help you we have put together some information which we think might help you in the early days. Our staff are always on hand and there to help you, they will be only too happy to answer any of your questions and direct you'. People told us they settled in to their new home well and that staff put them at ease.

Each person had a keyworker – this was a member of staff who was allocated to take the lead in co-ordinating someone's care. People had a care plan written with them and their relatives which centred on them, their preferences and wishes. Information that was important to people, such as, their life histories, likes and dislikes, and any preferred routines was recorded. Care plans included details about people health needs and risk assessments were in place and applicable for each person. Records were regularly reviewed with people and updated. When people's health declined or their needs changed the care plans were amended to make sure staff had up to date guidance on how to provide the right care and support. The registered manager had identified that some people's care plans contained information that needed to be archived and was taking action to address this. They agreed this was an area for improvement. There was no impact on people living at the service and staff followed the latest guidance to meet people's needs.

People were supported to maintain as much independence and choice as possible. People told us they did as much as they could for themselves and that staff helped them when they needed support. For example,

when a person's eyesight had deteriorated, staff contacted the local association for the blind and bought items to support the person's independence, such as, a speaking clock / radio, talking books and primary colour plates and cups. A member of staff commented, "Our whole philosophy is that people can do whatever they like". People chatted with each other and staff chatted with people and their visitors throughout the day.

People were supported to follow their interests and take part in social activities. Art classes and craft sessions were provided. A range of other activities, such as, a ukulele band, music and movement, trips out, film shows, and professional entertainers. Staff told us, "We have an extensive entertainment programme and are always looking for different activities which will improve people's quality of daily life". One person commented, "We have lots of entertainment here. I like the music". The registered manager told us they supported people to celebrate important events, for example, an indoor street party to celebrate the Queen's 90th birthday. Each person's birthday was celebrated and people felt valued. A 'thank you' card from a relative noted, 'I would like to thank everyone for [my loved one's] lovely flowers and beautiful birthday cake. They were overwhelmed with everything and enjoyed their special day'.

Boards of photographs were displayed around the service and showed people enjoying a wide range of activities. A 'caught on camera' board contained photographs of each person at different, important times of their life. For example, receiving medals, getting married and time spent with their siblings. Reminiscence photographs of historic events were exhibited, for example, the statue of the Battle of Britain Memorial in Kent which noted, 'A poignant reminder of those who paid the ultimate sacrifice'. People and their relatives could add to the displays.

People and their relatives told us they had no complaints or concerns about the service and knew how to complain if they needed to. People said, "I have no worries or complaints", "I would just tell the staff if I had a complaint" and "I certainly don't have anything to complain about". Staff said any concerns were "Always dealt with quickly" and "Complaints are rare". The registered manager noted on the Provider Information Return, 'We aim to deal with any complaint within hours to rapidly put the residents mind at ease knowing how stressful having to make a complaint can be for the elderly individual. Listening to our people and responding to their wishes'. There were regular meetings for people when they were asked if they had any concerns or complaints and were reminded how to raise any worries. The provider had a complaints policy which was displayed in the service. When a complaint was received the registered manager followed the policy and procedures to make sure it was dealt with correctly. Any complaints or compliments received were shared with staff and used as a learning opportunity.

Good

Is the service well-led?

Our findings

People, their relatives, staff and health professionals felt the service was well-led. People knew the staff team and management by name and said they could rely on staff to support them. A thank you card noted, 'We feel lucky to have found Bradstowe Lodge and it gave us great peace of mind knowing [our loved one] was in great hands. All staff we found to be exceptional with [the registered manager] leading the way'. Comments from health professionals survey included, 'Found all staff helpful', 'Good atmosphere. No concerns whatsoever', 'Staff always willing to assist' and 'Always very knowledgeable about the residents'.

The registered manager, deputy manager and head of care worked cohesively with the staff team, mentoring, coaching and providing advice and guidance. The registered manager told us they promoted an 'open door policy' to encourage staff to share thoughts and ideas. Staff told us they enjoyed working at Bradstowe Lodge and said, "It's a good place to work, everyone mucks in together. Managers are very supportive they always listen and get things done right", "It is lovely here I get on well with staff and residents. Management are lovely, it's nice to have management you can speak to if you have any worries" and "The managers are good you could definitely go to them with and issue or worry and know it would be solved". There was a clear and open dialogue between people, staff and the management team.

Feedback from people, their relatives and health professionals was regularly obtained through quality questionnaires. The results of these were analysed to check if any action was needed. Results from a recent survey were positive and comments included, 'All perfect – no cause for complaint', 'You are marvellous' and 'I have been astonished to find that so many people exist with such kindness, patience, tolerance and affection'. Regular meetings with people and their relatives were held to give people the opportunity to make suggestions about the day to day running of the service.

Staff understood the culture and values of the service which were 'Putting people first, Integrity, Impartiality and genuine concern for individuals and Ensuring that the desired outcomes are person centred specific to people's individual needs'. Staff said there was a strong team ethos and they felt valued by their colleagues, the management team and the organisation. There were regular staff meetings held to give staff the opportunity to voice their opinions and discuss the service. Minutes of the meetings, including any actions needed, were taken so that all the staff were aware of discussions. Staff talked with us about the importance of quality of life and quality of care provided. Staff commented, "We have always had low staff turnover and consistent staff. We get a lot of staff by word of mouth; staff are proud of the home and tell people about it, so they want to work here" and "We work well as a team; everyone is very caring and put the resident's well-being first. Everyone does a good job".

Staff understood what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. Records were in good order and kept up to date. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

People were supported to maintain and increase their links with the local community. Some people went out on their own, some were taken out by relatives and others received the support of staff to visit clubs, pubs, churches and other places of interest. Local school choirs attended the service at various times throughout the year. Lay preachers, United Reformed church and Salvation Army representatives visited people.

The management team worked with organisations that promoted best practice and guidance. They kept themselves up to date with new research, guidance and developments, making improvements as a result. The service had been involved in a pilot project with a local GP and staff were trained to take basic health observations, such as, temperature and blood pressure to help them identify when people's health needs changed and provide this information when contacting the GP. Senior staff were completing training with community nurses to enable them to administer insulin. The registered manager regularly attended care homes forum meetings to share ideas and best practice with other providers.

Regular quality checks and audits were carried out on key areas, such as, health and safety, infection control and the environment. These were recorded and action was taken to address any shortfalls. Care and support plans were updated as people's needs changed and were regularly reviewed to make sure they were up to date.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.