Nellsar Limited

Sonya Lodge Dementia Residential Care 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

Summary of findings

Overall summary

We carried out this inspection on the 10 and 11 May 2016, it was unannounced.

Sonya Lodge is a service that provides accommodation and personal care for up to 37 older people with dementia. At the time of the inspection, 34 people were living 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.

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.

People were protected against the risk of abuse. Relatives told us they felt people were safe. Staff had been trained and 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.

Staff were recruited using procedures designed to protect people from unsuitable staff. The registered manager had ensured that they employed enough staff to meet people's assessed needs. Staff were available throughout the day, and responded quickly to people's requests for help. 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 for people.

Staff were trained to meet people's needs. They met with management and discussed their work performance at one to one meetings and during annual appraisal, so they were supported to carry out their roles.

People and their relatives were involved in planning their own care, and staff supported them in making arrangements to meet their health needs. Staff contacted other health and social care professionals for support and advice.

Medicines were managed, stored, disposed of and administered safely. People received their medicines when they needed them and as prescribed.

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.

We observed staff that were friendly and compassionate. Staff delivered care and support calmly and confidently. People were encouraged to get involved in how their care was planned and delivered. Staff upheld people's right to choose who was involved in their care and people's right to do things for themselves was respected. People demonstrated that they were happy at the service by smiling and chatting with staff who were supporting them. Staff interacted well with people, and supported them when they needed it.

People were supported to eat and drink enough to maintain their health and wellbeing. People were provided with a diet that met their needs and wishes. Staff ensured people had access to food, snacks and drinks during the day and at night. 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. Staff spent time engaging people in conversations, and spoke to them politely and respectfully.

If people complained they were listened to and the registered manager made changes or suggested solutions that people were happy with. Relatives knew how to raise any concerns and 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 provider 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.

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 were protected from abuse by staff who understood the daily challenges they faced and how they communicated their needs. Relatives told us that staff cared for people and their safety.

There were sufficient staff to meet people's needs. Recruitment processes were safe and ensured only suitable staff were employed.

People received their medicines when they needed them and as prescribed.

Incidents and accidents were investigated thoroughly and responded to appropriately.

Risks to people's safety and welfare were assessed. The premises were maintained and equipment was checked and serviced regularly.

Is the service effective?

Good

The service was effective.

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

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

Is the service caring?

Good

The service was caring.

Staff treated people 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.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people which ensured their needs were met.

Care plans were comprehensive and records showed staff supported people effectively.

A broad range of activities was provided and staff supported people to maintain their own interests and hobbies. Visitors were always made welcome.

People and their relatives were given information on how to make a complaint in a format that met their communication needs. The provider listened and acted on people's comments.

Is the service well-led?

Good

The service was well-led.

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 honest discussions with them through one-to-one meetings and staff meetings.

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

Sonya Lodge Dementia Residential Care 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 10 and 11 May 2016, was unannounced and carried out by one inspector.

We gathered and reviewed information about the service before the inspection. We examined previous inspection reports and notifications sent to us by the registered 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 observed the care provided to people who were unable to verbally tell us about their experiences. We spoke with people and four relatives about their experience of the service. We spoke with the registered manager, the deputy manager, the senior carer, three care staff, the chef and the activities co-ordinator. We contacted five health and social care professionals for their views about the service.

During our inspection we observed care in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at four people's care files, five staff record files, the staff training programme, the staff rota and medicine records.

At the previous inspection on 19 August 2014, the service had met the standards of the Health and Social

Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

People described and we observed a service that was safe. People living with dementia were not always able to verbally tell us how safe they felt. People indicated using facial expressions that they felt safe living in the service. Relatives told us, "I do not have to worry, it is a very happy and lovely home", "All the staff are friendly and kind, so yes my relative is safe as there is always staff around", "Mum is safe and happy, and I have peace of mind", and "I visit often and I am always made to feel welcome".

There were enough staff to care for people safely and meet their needs. A health and social care professional commented, 'When I visit there appear to be plenty of staff present'. Staff responded to people quickly when they needed care which reduced the risk of people falling or becoming upset. There were enough staff available to walk with people using their walking frames if they were at risk of falls. The registered manager showed us the staff duty rotas and explained how staff were allocated to each shift. The staff rotas showed there were enough staff on shift at all times. The registered manager told us if a member of staff telephones in sick, the person in charge would ring around the other members of staff to find cover. 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.

People were protected by safe recruitment practices. The provider had a recruitment policy in place. All staff were checked against the Disclosure and Barring Service (DBS) records before they started work at the service and records were kept of these checks. The DBS checks helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. Staff told us the policy was followed when they had been recruited and their records confirmed this. The registered provider had a disciplinary procedure in place to respond to any poor practice.

Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff were trained and had access to information so they understood how abuse could occur. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff spoke confidently about their understanding of keeping people safe. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. Staff told us that they had received safeguarding training at induction and records showed that staff had completed safeguarding training. One member of staff said, "We are kept informed when updates are due". Any concerns raised were recorded and the registered manager understood how to protect people by reporting concerns they had to the local authority and protecting people from harm. People could be confident that staff had the knowledge and skills to recognise and report any abuse appropriately.

The risk involved in delivering people's care had been assessed to keep people safe. When staff needed to use equipment like a hoist to safely move people from bed to chair, this had been individually risk assessed. Risks were minimised and safe working practices were followed by staff. Risk assessments were completed for each person to make sure staff knew how to protect them from harm. The risk assessments contained instructions for staff on how to recognise risks and take action to try to prevent accidents or harm occurring. For example moving and handling assessments one stated, 'I need two carers and standing hoist to transfer from chair to wheelchair', and another stated, 'I am able to mobilise independently using my walking frame'. Skin integrity assessments for one person stated, 'I have tissue paper skin and am vulnerable to skin tears. My skin is intact at present'. Falls risk assessments were also 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.

Incidents and accidents were checked and investigated by the registered manager to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. For example, people who fell were checked for any underlying health issues that may have caused the fall. A health and social care professional told us that 'pressure pads' and 'crash mats' were in use as appropriate to protect people safety.

People's prescribed medicines were stored securely and they were supported to take the medicines they needed at the correct time. A policy was in place to guide staff from the point of ordering, administering, storing and disposal. There was a system in place for checking the temperature of the medicine storage areas to ensure medicines were stored at the temperatures stated on the manufacturers packaging. Staff told us they had been trained to administer medicines and said they followed best practice guidance when administering medicines. People were asked for their consent before they were given medicines. Staff knew how people liked to take their medicines and medication administration records (MAR) confirmed that people received the medicines as prescribed. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. Staff were able to tell us what people's prescribed medicines were and knew where to find information about possible side effects. We saw that records of medicines given were complete and accurate. An external pharmacy audit carried out on the 30 March 2016, reported that all medicines were in date and no excess stock was held.

People were cared for in a safe environment. The premises looked and smelt clean and had been maintained and suited people's individual needs. Equipment was serviced and staff were trained how to use it. The premises were maintained to protect people's safety. There were adaptations within the premises like handrails to reduce the risk of people falling or tripping. There was also wheelchair access from outside the premises to inside. Equipment was provided for those who could not weight bear so that they could be moved safely.

The registered manager had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. There was an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time. People who faced additional risks if they needed to evacuate had a personal emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. Records showed fire safety equipment was regularly checked and serviced. Therefore people could be evacuated safely.

Good

Is the service effective?

Our findings

Relatives told us, "Cannot recommend the service highly enough", "The food is lovely", "Food looks nice and it is home cooked", "Everyone works as a team", and "Always kept informed of any changes". A health and social care professional commented, 'I have been impressed in the way that care is monitored and recorded', and 'I feel that communication is very effective'.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lace 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 un the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care plans for people who lacked capacity, showed that decisions had been made in their best interests. The records showed that relevant people, such as social and health care professionals and people's relatives had been involved. Staff had received training in relation to the Mental Capacity Act and DoLs.

The registered manager understood when an application should be made and how to submit them. Care plan records demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

We observed that staff sought people's 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 assisting them to the toilet. 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.

All new staff completed an induction when they started in their role. 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 induction training, which provided them with essential information about their duties and job roles. The registered manager 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.

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 palliative care, behaviours that challenge and dementia care. This training helped staff to know how to empathise with people who had old age confusion as well as anyone with dementia. Staff spoken with were happy with the training that they had received and felt that it was sufficient to both do their job and meet people's needs A health and social care professional commented, "The staff are very keen to learn new skills". This meant that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

Staff told us they were supported through individual supervision and appraisal. One to one meetings and appraisals provided opportunities for staff to discuss their performance, development and training needs, which the 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 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. All of the staff we talked to told us, "There is a stable staff team here", and "We all work well together", 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 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. We observed lunch being served in the dining room ad to people in their bedrooms. Food was presented and served in a way that promoted the social aspect of the occasion. People were not rushed. People were shown and offered meal choices of what they wanted to eat and records showed what they had chosen. Staff were on hand to supervise and provide support to those people that needed it. We saw staff chatting and laughing with people as they assisted them to prepare for lunch. As people gathered for lunch they were encouraged to take a seat and those who required assistance were gently supported to their seat. People were then given a choice of drinks with their lunch. One relative said, "There is always plenty for people to eat, and always alternatives available". The food looked and smelled appetising and people were asked if they wanted anymore. One relative told us that the meal on a Sunday was especially nice.

Care plans included eating and drinking assessments and gave clear instructions to staff on how to assist people with eating. People at risk of dehydration or malnutrition were appropriately assessed. People who were at risk of choking had also been assessed. Daily records showed that as necessary, food and fluid intake was monitored and recorded. 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. Everyone seen in their rooms and most of the others had drinks within reach, often both hot and cold. This meant that people were less likely to get infections.

People's health was protected by proper health assessments and the involvement of health and social care professionals. A health and social care professional told us that people at risk of infection were screened three times a week. Alerts were then initiated if a person had a reading outside of their normal parameters.

People were involved in the regular monitoring of their health. Referrals were made to health professionals including doctors and occupational therapists as needed. Where necessary staff 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 or their relatives regularly and professionally assessed and action taken to maintain or improve people's welfare. A health and social care professional commented, 'Staff show concern when someone is unwell. If a person is at the end of life, the staff work closely with the Palliative care team, Indeed we all work together to ensure that the person receives the appropriate care, for example, stand by medicines are made available'.

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 as necessary, and grab bars which provided support for people to enable them to retain their independence.

Good

Is the service caring?

Our findings

People described and we observed a service that was caring. Relatives commented, "I feel all people are treated with dignity and respect", "Staff really do care", "Staff do all they can to help everybody", and "All staff very kind and compassionate", Staff treat people with respect and are very caring". A health and social care professional commented, 'I feel the staff are kind and compassionate. They talk about people with a fondness as if they were members of their own family'.

People and their relatives had been involved in discussions and 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 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.

Staff built good relationships with the people they cared for. Staff told us that as a team they delivered quality care. We observed staff practices reflected a caring and quality driven approach. We observed staff sitting with people, talking to them and motivating them when needed. We saw staff listening to people, answering questions and taking an interest in what people were saying. People responded well to the quality of their engagement with staff.

Staff chatted to people when they were supporting them with walking, and when giving assistance during the mealtime. The staff 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. We overheard staff comments over the meal time and these included, 'Are you coming up to the table', 'Where do you want to sit', 'What do you want to drink', 'Shall I cut it up for you', and 'Have you finished'. This showed that staff had developed positive relationships with people.

The staff recorded the care and support given to each person. Each person and/or their relative was involved in regular reviews of their care plan, which included updating 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.

We observed that people were always treated with respect and dignity and valued their relationships with the staff team. Staff listened to people and respected their wishes. Staff recognised the importance of self-esteem for people and supported them to dress in a way that reflected their personality. Staff gave people time to answer questions and respected their decisions. Staff 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 that 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.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office. Records held on the computer system were only accessible by staff authorised to do so as the computers were password protected. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Good

Is the service responsive?

Our findings

People's care was kept under review and changes were made to improve their experience of the service. People told us they could go to the registered manager in the event of any problems. Relatives said, "I would speak to the staff or manager if I had any concerns, but I have had none", "They always keep me up to date, and I can always speak with manager if I need to", and "I know Mum is happy and the staff are friendly".

People's needs had been fully assessed and care plans had been developed. Before people moved into the service an assessment of their needs had been completed to confirm that the service was suited to the person's needs. People and their relatives or representatives had been involved when assessments were carried out. Care plans contained clear instructions for the staff to follow so that they understood how to meet individual care needs. For example, 'I have dentures which need cleaning', 'I should be offered fortified drinks during the day' and 'I have a hearing aid but chose not to wear it'. The staff knew each person and was able 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. 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. They and their relatives as appropriate were involved in any care management reviews about their care.

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. A care plan stated that the person would choose 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.

The registered manager and staff responded quickly to maintain people's health and well-being. A health and social care professional commented, ' We work together to ensure that people that are at risk of chest or urine infection have an Anticipatory Care plan that can be put into action if the person becomes unwell. There are stand by antibiotics so that prompt treatment can be given thus avoiding a trip to A & E or a hospital admission. This ensured that people's health was protected.

Staff had access to the records they needed to care for people. They completed accurate records of the care delivered each day and ensured that records were stored securely. People knew they could see their care plan if they wished to.

People had opportunities to take part in activities and mental stimulation. 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. The activities co-ordinator told us about some of the in-house activities and these included, newspaper chat, knitting, memory game, gentle hand massage, quizzes, skittles, singing and dancing. Outside entertainers visited the service, and recently an ice cream man had visited ringing his bell, and people had enjoyed an ice cream. People were looking forward to him coming again. Outside activities that took place were a trip to Southend, visit to local shopping centre, visit to local garden centre, visit to the farmers market and strawberry picking. There was a shop on the premises where people could go and but items such as sweets. The activity co-ordinator told us that a coffee shop was due to open in the grounds of the service, and people were looking forward to making could use of this new facility. People's family and friends were able to visit at any time. The range of activities provided kept people occupied if they chose to participate and offered opportunities for them to feel less isolated.

There was a policy about dealing with complaints that the staff and registered manager followed. This ensured that complaints were responded to. Information about how to make complaints was displayed in the service for people to see. People were given the opportunity at regular reviews to raise any concerns they may have. Everyone we spoke with was happy with the idea of raising any concerns. Relatives told us they had no concerns. The registered manager ensured that complaints were responded to and they discussed these with other people in the organisation if needed. There was a mechanism for people higher up in the organisation who were not based at the service to get involved to try and resolve complaints. The registered manager 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. Relatives told us they knew how to raise any concerns and were confident that the registered manager dealt with them appropriately within a set timescale. People were offered meetings with the registered manager to try and resolve complaints and these were recorded.

Good

Is the service well-led?

Our findings

The registered manager had provided consistent leadership for the service. They were qualified and experienced in managing services for people living with dementia. They were supported to manage the service by a deputy manager and senior care staff. Relatives told us, "We are kept up to date with any changes", and "It is a friendly place, and there is a good staff team".

A health and social care professional commented, 'Every time I visit, which is weekly, I am welcomed. I have been very impressed with the way Sonya Lodge is organised and the way in which it is keen to engage with the Trust. I feel that I have a smile on my face when I leave Sonya Lodge, satisfied that we have done a good job'.

Compliments from people that had written to the service included, 'I feel she was so cared for with you and as happy and settled as she could be. You are an amazing group of people doing a very hard job', and 'He had such a happy time with you he really could not have asked for anymore'.

Comments seen on the December 2015 relatives questionnaires included, 'The home is always clean and tidy', Staff are welcoming, always consulted when there is a problem', and 'Staff are helpful, polite and enthusiastic'.

The provider and registered manager had a clear set of vision and values. The management team demonstrated their commitment to implementing these aims and objectives by putting people at the centre of the planning, delivery, maintaining and improvement of the service provided. From our observations and what people told us, it was indicated that these values were cascaded to the staff. It was clear that they were committed to caring for people and responded to their individual needs.

Managers from outside of the service came in to review the quality and performance of the service. They checked that risk assessments, care plans and other system in the service were reviewed and up to date. All of the areas of risk in the service were covered. 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. 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, accidents and incidents, and care planning. There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

Communication within the service was facilitated through regular team meetings. Minutes of staff meetings showed that staff were able to voice opinions. We asked 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 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 proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

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.