Care Quality Commission

Sovereign Care Limited

Filsham 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

Overall summary

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 29 May and 1 June 2015 and was unannounced. At our last inspection in June 2014 no concerns were found.

Filsham Lodge is situated on the outskirts of Hailsham and provides nursing care and support for up to 53 people that have a dementia type illness. There was a manager in post who was also a registered nurse. 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.

Staff demonstrated a clear understanding of how to protect people from abuse and harm. They were aware of the procedures to follow in case of abuse or suspicion of abuse. People told us, "I feel safe, and very well looked after."

Summary of findings

There were enough qualified, skilled and experienced staff to meet people's needs. Staffing levels were calculated according to people's changing needs and ensured continuity of support. The provider used robust recruitment procedures to ensure staff were suitable for their role and people were kept safe.

Risk assessments were in place which were specific to people's needs and challenges. These included guidance on how to minimise risks and make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how risks of recurrence could be reduced.

Staff were trained in the safe administration of medicines. Records relevant to the administration of medicines were audited. This ensured they were accurately kept and medicines were administered to people and taken by people safely according to their individual needs.

Staff had completed the training they needed to support people effectively and were able to access additional training if required. All members of care staff received regular one to one supervision sessions to ensure they were supported while they carried out their role. All staff received an annual appraisal of their performance and training needs.

People told us that staff communicated effectively with them, responded to their needs promptly and treated them with kindness and respect. People were satisfied with how their support was delivered. One person told us, "I am given a choice on what to wear, and the carers maintain my privacy and dignity."

All care staff and management were trained in the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). They were knowledgeable about the requirements of the legislation.

Staff sought and obtained people's consent before they provided support. When people declined or changed their mind, their wishes were respected. People's dietary preferences and restrictions were recorded, familiar to staff and complied with.

People were referred to a variety of health care professionals whenever necessary in a timely manner. Care plans included people's likes and dislikes, their individual care support plans, preferred activities and end of life wishes.

People's privacy was respected and people were supported in a way that respected their dignity and individuality. Staff took time to speak with people and were kind and patient when supporting them with personal care.

People's needs and personal preferences had been assessed before care was provided and were continually reviewed. Staff knew people well and understood how to meet their support needs

People's individual assessments and care plans were reviewed regularly with their participation or their relative's involvement. Care plans were reviewed regularly and updated when their needs changed to make sure people received the support they needed.

The provider took account of people's views and these were acted upon. The provider carried out service user surveys and sent questionnaires regularly to people's relatives. The results were analysed and action was taken in response to people's views.

Staff told us they felt valued and supported under the registered manager's leadership. The Care Quality Commission had been notified of any significant events that affected people or the service. Quality assurance audits were carried out to identify how the service could improve and action was taken to implement improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were trained in the safeguarding of adults and were knowledgeable about the procedures to follow to keep people safe.

Risk assessments were centred on the needs of the individuals and there were sufficient staff on duty to safely meet people's needs.

There were safe recruitment procedures in place to ensure that staff working with people were suitable for their roles.

Good

Is the service effective?
The service was effective.

All staff had completed appropriate training to maintain their knowledge and skills. Additional training was provided so staff were knowledgeable about people's individual requirements.

Staff and the Registered Manager had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards and their responsibilities.

People were referred to healthcare professionals promptly when required.

Good

Is the service caring?
The service was caring.

People told us they found the staff caring, and they liked living at Filsham Lodge.

Staff responded to people's needs promptly and treated them with kindness, sensitivity and respect.

People's records and information about them was stored securely and confidentially.

Good

Is the service responsive?
The service was responsive.

Care plans and risk assessments were reviewed and updated when people's needs changed.

People knew how to make a complaint and were given opportunities to give their views. Relatives told us they were kept well informed by the home.

People had their social needs met and were supported to take part in meaningful personalised activities to avoid the risk of social isolation.

Good

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

There was an open and positive culture which focussed on people. The manager sought people and staff's feedback and welcomed their suggestions for improvement.

Staff had confidence in the manager's leadership and their response when they had any concerns.

Good

Summary of findings

There was a system of quality assurance in place. The registered manager carried out audits of several aspects of the service to maintain standards and identify where improvements could be made.

Filsham 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 29 May and 1June 2015 and was unannounced.

The inspection team was made up of one Inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service and in particular dementia care.

Before our inspection we reviewed information supplied to us by the registered manager in a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We also looked at records that were sent to us by the manager and the local authority to inform us of significant changes and events. We reviewed our previous inspection reports.

We spoke with ten people who lived in the home and five of their relatives to gather their feedback. We also spoke with the registered manager, senior care staff and registered nurses and four care staff. We also spoke with health professionals and the local authority quality assurance team about their experience of the home.

We looked at records which included those related to six people's care, staff management, staff recruitment and quality of the service. We looked at people's care plans and undertook observations to check that the support provided was consistent with their assessed needs. We looked at satisfaction surveys that had been carried out and through the provider's policies and procedures.

At our last inspection in June 2014 no concerns were found.

Is the service safe?

Our findings

People we spoke with told us they felt very safe at Filsham Lodge. One person said, "I feel very well looked after." Another person said, "They care for me very well and give me choices." A visiting relative told us, "My mother is very safe here."

Staff had a clear understanding of what constituted abuse. They knew what to do if they suspected abuse and where to find the contact number for the local safeguarding team. They received regular update training in safeguarding and were also aware of the home's whistleblowing policy. Notices that included guidance and contact number for whistle blowing were displayed in communal areas.

One staff told us, "I would not hesitate to make a call if I saw something I wasn't happy with. I would make sure the person was safe first though." Staff training records confirmed that their training in the safeguarding of adults was annual and up to date. They told us that safeguarding was always discussed at supervisions. This meant that staff had the knowledge and guidance they needed to recognise and report abuse without delay to keep people as safe as possible. Notifications of safeguarding incidents were always reported to the Care Quality Commission in a transparent and timely manner.

Care plans contained a wide range of risk assessments including those related to mobility, risk of falls, communication, sensory impairment and skin integrity. These were person centred and varied according to how much people were affected by their dementia. Risk assessments were centred on the needs of the individual. They included clear measures to reduce the risks and appropriate guidance for staff. For example, a risk assessment had been carried out for a person who was reluctant to socialise and was at risk of becoming isolated. Guidance for staff included spending more time with the person doing one to one activities, encouraging them to join in group activities and monitoring their mood. Activities such as "Outings" were also risk assessed and included guidance for staff about how to manage the risks safely. Staff followed the guidance that was provided in the risk assessments and the control measures were followed in practice to keep people safe.

There were contingency plans in place for the emergency placement of people in a nearby sister home should the home be forced to close because of fire, flood or any other major event. Fire drills and evacuation drills were practised quarterly and all fire protection equipment was checked weekly. This included a fire alarm, fire doors, fire extinguishers, heat, smoke and fire detectors and emergency lights throughout the premises. The fire protection equipment was regularly serviced and maintained. All staff were trained in first aid and first aid kits were checked regularly and replenished when necessary. People had personal evacuation plans and individual risk assessments in place so staff had guidance about how to support them in an emergency. For example some people would require one to one support to evacuate the building safely while others were able to leave independently with verbal guidance from staff. Staff were aware of these and were knowledgeable about each person's needs.

Two of the stairways had been recently refurbished to make them safer. Radiators were enclosed to prevent contact burns and windows above the ground floor had restrictors fitted to prevent accidental falls. There were suitably placed handrails throughout communal areas and corridors to assist people to move around the home safely. Everyone who needed one had their own individual sling so staff could assist them to move using appropriate equipment for that person. These were maintained by a contractor. There was a storage room for hoists so that corridors and communal areas were kept uncluttered and free from trip hazards. The manager completed a monthly environment check and recorded anything which needed attention or repair in a maintenance log book. This was also used by staff when they saw anything which needed attention. The maintenance man then signed off the book once the work had been completed.

The provider used a dependency tool to ensure that enough staff were available at all times to provide safe care. Each wing had a senior, at least five care staff and a registered nurse. There were also three full time domestic staff to ensure the home was clean and hygienic. We saw that staff shift patterns ensured continuous cover to respond to people's needs. Relatives told us, "There's always someone on hand." Additional staff were deployed to meet people's individual requirements when necessary. For example for when people needed one-to-one support

Is the service safe?

to access activities in the community and medical appointments. During our inspection staffing levels were appropriate and we saw that when people needed support staff were quickly there to provide it.

We checked staff files to ensure safe recruitment procedures were followed. These included records of interviews, proof of identity, relevant references, contracts and a job description. Staff were all subject to DBS (Disclosure and Barring Service) checks before starting their contract. These checks identified if prospective staff had a criminal record or were barred from working with adults. Staff were all signed up to a Code of Conduct which contained the provider's disciplinary procedures. The nursing staff were required to maintain their professional registration, keep themselves aware of latest best practice guidelines and adhere to the Royal College of Nursing's own code of practice. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Medicines were stored in locked cupboards and cabinets in line with guidelines. All 'as required' (PRN) medicines had been approved by the person's GP and were subject to policy guidelines to ensure their appropriate use. The Registered Nurses completed the medicine rounds and had a secured trolley on each unit. Where medicines were given in food or drink to people with capacity, this was clearly documented along with the reasons for the practice. In these cases people were made aware that they were being given their medicines in this manner. There were no instances of people without capacity being given their medicine covertly. Medicine Administration Record (MAR) sheets included photographs of the person for whom the medicines were intended, a list of their ailments and the medicines prescribed for them and any allergies they had. MAR sheets were audited monthly by the manager to see if any errors had occurred or if staff had forgotten to sign these. This system helped to reduce the risk of errors and to make sure people received the correct medicines at the prescribed time.

The laundry had dedicated full time staff. The laundry had separate sluice rooms which were kept locked when not in use. This prevented people from being exposed to unnecessary risks around very hot water and chemicals used for laundry. The laundry staff operated a disposable bag system for soiled linen to protect staff from the risk of infection and keep other laundry separate. Domestic staff told us that they had access to plentiful supplies of equipment. We saw that the cleaning trolley was well organised and stocked.

The home was clean and in good decorative order. There were no unpleasant odours. We saw that there were plenty of disposable aprons and gloves for staff to use. These were colour coded for personal care or food preparation. There were also plentiful hand-wash dispensers and signage about the importance of hand-washing in maintaining hygiene and infection control. We saw staff following these guidelines and washing their hands and wearing protective gloves or aprons appropriately. There was also hands-on training for staff in hygiene and infection control. Domestic staff each had allocated areas to clean and worked to daily schedules. These were checked by the manager. Deep cleans were carried out on changes of residency or as required and the home had their own carpet steam cleaners for this. The kitchen was kept to a hygienic

standard and all appliances were clean. There was a certificate from the local Environmental Health Department displayed recognising the standards of food hygiene at the home. This showed that the provider followed policies and guidance to keep the home clean and hygienic.

Is the service effective?

Our findings

People told us that the staff at Filsham Lodge provided effective care and support. A visiting relative told us, "The food is good, I have been invited to join my mother." One person said, "The carers are decent people and I am fed well as well." One person told us, "No one stops me from moving around, and I have the choice of retiring and getting up from my bed."

Staff had received appropriate training to support people in the home with person-centred care. Records showed that all essential training was provided annually and was current. This included training in the principles of the Mental Capacity Act 2005 (MCA), infection control, manual handling, food hygiene and the safeguarding of adults. Staff told us they underwent a thorough induction period which included becoming familiar with policies and procedures and getting to know the home and the people there. New staff shadowed more experienced staff until they could demonstrate a satisfactory level of competence before they were allowed to work unsupervised.

Staff said that they had been on several training sessions including NVQ 2 and 3 in Social Care, Moving and Handling, Feeding and Choking, Food Safety, Infection Control, Health and Safety and Dementia. Dementia awareness training was provided for all staff and some had completed dementia training to a higher level. All the staff we spoke with were knowledgeable of the specific needs of people and communicated well with them. They were patient and took their time to allow people to understand. We saw staff talking to people about photos and reminiscing about their memories of growing up. Staff knew how to talk sensitively with people. Staff files included a guide about how to report bad practice. This was signed by all staff as having been read and staff we spoke with were able to cite examples that they would report such as raised voices when talking with people, impatience or not using appropriate moving and handling techniques. The manager carried out 'hands–on' supervision and used it to assess staff around areas such as moving and handling, positioning and the way they spoke with people. All staff were scheduled for an annual appraisal to evaluate and discuss their performance. This ensured that staff were supported to carry out their roles effectively.

The home had previously been divided into personal and nursing care units. Nursing care was now able to be provided throughout the entire home and eight people still remained receiving personal care only. The registered nurses employed within the home were required to maintain their professional qualification which involved ensuring they were competent and fully aware of latest best practice. There was a separate nurse's station on each unit where care plans were kept. There were charts in the nurses' offices which dealt with turning for people with limited mobility or who had poor skin integrity, pressure mattress settings and falls risk assessments. We saw that staff used this information to check what care people needed and to record the care they received. When pressure mattresses were in use they were at the correct settings and staff were helping people to change position or use pressure cushions and hand padding to prevent them becoming uncomfortable or developing sores. In this way people received effective care from staff who had the knowledge and skills to carry out their roles.

The Care Quality Commission (CQC) monitors the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one. She was aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. Appropriate applications for DoLS had been submitted for people who were unable to come and go as they pleased unaccompanied through the home's front door which had a keypad secure entry system. The registered manager had already acquired two authorities for people in the home for different reasons. These were supported by records and guidance for staff within care plans of people.

Care plans included details of Power of Attorney where relevant and mental health assessments. We discussed the requirements of the MCA with the registered manager. They demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make certain decisions. All staff were trained in the principles of the MCA and were knowledgeable about the requirements of the legislation. People's mental capacity had been assessed appropriately, for example regarding healthcare or managing their finances. When people had been assessed as not having relevant mental capacity, meetings were held in their best interest to decide the way forward using the least restrictive option. This had involved independent mental capacity advocates who attended meetings to represent people's views.

Is the service effective?

We saw that staff sought and obtained people's consent before they provided them with support. If people declined, this was recorded and respected. Staff checked with people whether they had changed their mind and respected their wishes. Where one person had changed their mind about attending an activity staff re-arranged their plans to accommodate them. A member of staff told us, "This is their home, we just support them to live how they want to."

People were offered a selection of fruit in the morning, and small snacks through the day. Food and drink preferences were noted in care plans and in the kitchen. People's food and liquid intakes were recorded and monitored regularly. The registered manager had involved the Speech and Language Therapy (SALT) team to improve staff knowledge in supporting people with problems swallowing to maintain a healthy and nutritious diet. This involved thickening drinks and ensuring that food was cut up or pureed to the appropriate consistency for them. In the kitchen we saw that dietary requirements of people were displayed on the wall as well as in a file. The kitchen staff were aware of people's dietary needs and provided special meals for people with diabetes or those needing support to increase or decrease their weight.

During the meal times we observed staff supporting people to have their lunch. Most of the residents were able to eat without assistance. One person required constant care and the staff member was taking the time to allow them to eat at their pace. Two staff were supporting one person with high support needs to eat. They had cut their food into manageable size portions and waited patiently for them to finish each mouthful. We saw there were sufficient staff available to support people to be able to eat well at their own pace. One person told us, "The food is excellent, and with excellent choice of food, chosen by individuals."

GPs carried out twice weekly rounds at the home. This ensured the delivery of people's care and support responded to their health needs and wishes. Nursing staff told us this had reduced the number of hospital admissions. Regular referrals to health professionals were recorded within care plans including the Community Psychiatric Nurses team, wheelchair services, Tissue Viability Nurses, the local authority falls team, dieticians, opticians and podiatrists. Staff took prompt action to involve healthcare professionals in people's care and treatment when this was required. There were also monthly observations charts in care plans for blood pressure, pulse, temperature and respiration. Visits from healthcare professionals were recorded and discussed amongst staff so that they were aware of changes in people's health.

Aspects of the home's environment had been improved since our last inspection to facilitate both mobility and access for people and effective support from staff. A new outside area had been created which included an accessible garden with flower borders and seating for people. The home's entrance lobby had been opened out and re-organised to make it more accessible and welcoming. There had been an extension to one of the lounges to make it more spacious, airy and more easily accessible by people and staff.

Signage and other environmental adaptations were used effectively to meet people's needs. The new manager had arranged the provision of a new bath in a purpose built room with a chair hoist and ample room to allow staff to support people effectively. Where there was a flight of three stairs a special wheelchair had been sourced which allowed staff to support people to get out of their room and not feel socially isolated. Toilets in communal areas had large easy read signs to show when they were in use or vacant. There was a coffee lounge which was homely and welcoming and provided a degree of comfort and privacy for people chatting with visiting relatives. Because people who live with dementia can become disorientated and wander, staff had placed a mirror by the front door which encouraged people to turn around and head back towards the familiar safety of the home.

Is the service caring?

Our findings

People told us they felt well cared for at Filsham Lodge. One person told us, "I am very well cared for and my call bells are answered on time. I have no problems." They told us that staff were kind, "The carers are very nice and they attend with a smile and assist me at the shower or bath."

The cook said, "I check with residents what food they would like to eat the next day, and then prepare the menu. On the day if they change the choice I have an alternative or whatever the resident wants to eat." Relatives told us that staff were, "Very respectful with dad, explaining what they do." Another said that they were, "Always welcomed by staff," and were, "Very pleased with the care."

We observed staff treating people with compassion, patience and kindness. They took their time to explain to people what they were doing and there was a lot of cheerful conversation between staff and people. One person told us, "I like joking with the staff." Another said, "Staff are kind and the care is very good." Staff told us they valued the people and spent time talking with them while they provided support. One member of staff told us, "All the people living here are like a big family, our family." We saw a staff member who was assisting with an activity accidently spill someone's drink. They were extremely sorry, apologised to them, dried them and then replaced the drink. People felt they were treated with kindness and compassion and their dignity was respected.

People's care plans included information about their life before they arrived at Filsham Lodge and what was important to them. People's files included information about what people enjoyed. This information was provided by people or their relatives. Staff were familiar with these files and were aware of people's individual likes and dislikes. They used this information in their care for people, for example where a person became apprehensive about hospital visits they ensured they were given the information a short time before in order to prevent unnecessary anxiety. This meant people were understood and had their individual needs met.

People were given information about the service, including information about how to complain, support plans, outings, menus, timetable and activities. Menus and activity timetables were displayed. The staff carried out regular Service User Satisfaction questionnaire and the results were published in an easy read format. Staff photographs and their titles were displayed so that people and visitors knew who was on duty at any particular time and who they communicated with. Staff we spoke with knew people well and people were familiar with all the staff. Staff explained and presented several options to people about the activities available that day. People were able to choose which wing of the home they went to for activities and there was also a quiet lounge for people who preferred it. This meant people were able to make informed choices about how they spent their day.

We saw in care plans that people had been actively involved in the initial planning of their support before they used the service. They also took part in the regular reviews of their support plan which were also updated whenever they wished. Relatives were invited to take part in the reviews when people consented to this. This involvement ensured that the support people received remained appropriate to people's needs and requirements.

Staff had received training in respecting people's privacy, dignity and confidentiality. People described how they did this. They told us, "They always knock they don't just come in." One member of staff told us, "Sometimes they need some time out and want to relax in their bedrooms and we respect that." Staff always made sure people wanted assistance before giving it in order to help maintain their independence. Care plans and observations showed that staff encouraged people to do as much as possible for themselves. People's personal clothing was labelled for them so they always had their own laundry back to wear. We saw a notice reminding staff about ensuring people had given and understood full consent before providing skin integrity care. In this way people's privacy was respected and people were supported in a way that respected their dignity.

Staff told us that there was a confidentiality policy which formed part of their contract. Private information kept about people was securely stored. Further folders and charts used to document people's daily care were either kept in the nurses' offices or people's rooms or in the office to allow staff to complete them when needed. In this way people were sure that information about them was treated in confidence.

People's wishes regarding resuscitation and end of life care were discussed sensitively when this was appropriate and were recorded in care plans. Staff were aware of their

Is the service caring?

wishes and respectful of them. A priest visited the home and there was a multi-faith religious service held occasionally. Communion was available to anybody who wanted to receive it. This showed that people's expressed preferences and choices for their end of life care and religious needs were clearly recorded and acted on.

Is the service responsive?

Our findings

People told us that their needs were met at Filsham Lodge. One person said, "I can get anything anytime, food or anything I prefer." A visiting relative said, "I am kept informed, like when X had a fall." Another told us, "X has been for over two years and I visit her every three days."

Care plans included records of discussions with the person and their relatives on admission. There was evidence that relatives were involved in subsequent care plan reviews. Care plans were developed with people's full involvement and included their specific requests about how they wished to have their care and support provided. The care plans included clear details of the help people required with their physical, medical and psychological needs. For example, 'My likes and dislikes" and "What is important to me." People's individual interests and preferences were recorded and staff were aware of people's preferences. A member of staff told us how a group of people enjoyed attending church in the village for singing and meeting people in the community, and how another person disliked crowded environments. This was recorded in their care plans. This meant that people and those that matter to them were encouraged to make their views known about their care, treatment and support.

A lot of people at the home required high levels of support around mobility and personal care and care plans contained detailed pressure care support instructions regarding the use of airflow mattresses and cushions, repositioning timings and nutrition and hydration plans. People's care was updated following reviews or when changes occurred in their needs. Updates concerning people's welfare were appropriately and promptly communicated to staff at staff handovers, at team meetings and using a staff communication book. A relative told us, "The home is very good at keeping us informed about any changes in X's support needs." This showed that as people's needs changed there were systems in place to ensure their care and support was effectively reviewed and staff and relatives made aware.

The provider employed two activities co-ordinators. All people were assessed using the Pool Activity Level (PAL) of ability. People's care plans included PAL profiles. This was an acknowledged tool for assessing the abilities, limitations and stimuli of people living with dementia and exploring the activities and support they would derive most benefit from. Staff could then devise a beneficial range of activities set at an appropriate level to give people maximum benefit in terms of mental agility and physical mobility. Activities included memory games, conversations, quizzes, music, films, floor games, food tasting, jigsaws, walks, flower arranging and arts and crafts. One relative told us, "X is always busy."

The home had its own fully equipped hair salon and a hairdresser visited every Monday. People told us this was very important to them and made them feel better in themselves. One activity coordinator had been in post for six months and had started to implement plans to increase the activities for people and make the home livelier. She had already downloaded the old songs into her CD that some residents liked. Pat pets visited regularly and reminiscence formed a major part of activities. This meant that people had access to activities that were important to them and were protected from social isolation.

There was a complaints and compliments file. We saw that complaints were acknowledged, investigated and resolved in a timely manner. Relatives told us that if they had any concern they would raise this with the manager or speak to staff. Relatives also told us that the provider was often available and they would speak to them or telephone to discuss any concerns. Compliments included recent comments such as, "We have nothing but praise for the care and attention X has received from you and your team." This showed that concerns and complaints were encouraged, explored and responded to in a timely manner.

Relatives and residents meetings were held every six months and people told us that suggestions they made were taken forward by the provider. The registered manager was implementing plans to further improve the environment of the home. This included making the room set aside for respite care more homely and completing work on the garden to make it possible for all people to use it. There was a new coffee lounge for residents and relatives to meet and chat in comfort and relative privacy. There were also new French windows in the lounge which provided easy access for people to the garden.

The provider carried out regular satisfaction surveys among people and their relatives and also staff surveys. We saw analysis of these surveys had been carried out and changes made or planned as a result. For example, the staff handover time had been extended and staff felt better

Is the service responsive?

equipped to support people as a result and access to the garden had been improved. Staff were consulted at regular team meetings and were encouraged to suggest improvements about any aspect of the service. Records of team meetings indicated that staff's voice was listened to. This meant that the provider took account of the views of people, their relatives and staff about the way the home provided support.

When people had to be admitted to hospital they were always accompanied by a transfer letter containing a summary of their essential details, their medicine MAR sheets and a member of staff.

In this way people's needs were known and taken into account when moving between services.

Is the service well-led?

Our findings

People were reassured by the registered manager's leadership. One person told us, "The manager is excellent, I was almost in tears on the first day as she assured everything for me and made me relaxed." A visiting relative said, "I feel the management is doing enough. I was given the information pack when mother was admitted." Staff were complimentary about the new manager. One said, "She is a good manager. We have regular supervision." Another said, "It's a nice atmosphere here. We are a happy team and very hardworking."

There was an 'open door' policy which meant that people and members of staff were welcome to go into the office to speak with the registered manager at any time. This happened several times during our inspection. Members of staff told us they felt confident in the management. Senior care staff and the registered manager carried out regular supervision checks and observations of staff at work to ensure good standards of practice were maintained. The registered manager told us, "We have a lovely team here who work hard and are dedicated to looking after the people who live here."

Checks showed that the registered manager had notified the Care Quality Commission of any significant events that affected people or the service. Records indicated the registered manager took part in safeguarding meetings with the local authority when appropriate to discuss how to keep people safe, and kept people's families involved in decisions concerning their family members' safety and welfare. This showed the management had an open and honest culture and worked in partnership with other relevant organisations.

There had been a new registered manager in post for just over a year who had implemented improvements. She was actively progressive in providing for the care needs of the residents. The activity coordinator was planning additional activities with the support of the registered manager. The registered manager oversaw a daily quality audit in relation to people's personal care which included checking clothing was clean, weather-appropriate and their own, hearing aids were in and working, call bells working and accessible, people washed and shaved as appropriate, teeth clean, plentiful drinks available, and the person was positioned comfortably.

There was also an audit in relation to people's rooms to make sure they were safe from trip hazards, clean and tidy and that their en-suites had been serviced and cleaned and all paperwork, fluid, diet or turning charts were up to date. There were also regular audits of care plans, medication, cleaning schedules, the health and safety of the home's environment and accident and incident reports. Staff were reminded at team meetings to report any health and safety issues in relation to the home's environment. Any identified needs for maintenance were recorded and works carried out by maintenance staff who signed the work off as completed. These records were also subject to regular audit by the registered manager. When shortfalls were identified as a result of audit checks, lessons had been learned and the registered manager had implemented changes in the home. This meant that that people's continued standard of care was assured.

There were regular staff meetings, recorded and minutes were available. Staff told us their ideas and suggestions were listened to by the registered manager. A new handover system had been implemented as a result of one such suggestion. The registered manager had put the nurses in charge of handovers and staff told us these were now better and included information about diets, food and fluid charts and turning requirements which was essential for them to know to provide effective care. Minutes of staff meetings were recorded and displayed on the staff notice board and residents' meetings were recorded and the minutes were posted on the residents' menu board in an easy read format. This showed that the registered manager enabled and encouraged open communication with staff and people.

The registered manager used the staff meetings to drive improvement, for example, by sharing information on guidance in relation to recording aspects of care in communication sheets, to include positioning, the use of clothes protectors and creams. The nurses meetings were used to discuss best practice around issues such as UTI management, admissions, weekly weight charts and wound management. In this way the management supported the maintenance of best practice in the home.

There was a visitors' book with a section for comments which asked, "Did you have any concerns during your visit?" These comments were investigated by the registered manager and, where necessary, actioned. One visitor had previously commented on the difficulty in accessing the

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garden. The registered manager responded by arranging for French windows to be installed in the lounge and for the provision of level paths to facilitate easy movement around the garden for wheelchair users or those with walking aids.

The provider's policy on handling complaints was set out within the provider's Statement of Purpose. This required the provider to be open and honest in the way they received and dealt with complaints and to review all complaints to take forward any lessons to be learned. This meant that complaints and concerns were used as an opportunity to drive improvement.

In the latest staff survey, staff satisfaction in relation to how supported they felt by management was 100 per cent. A recent visitors' questionnaire returned over 90 per cent of responses from people who felt the home was good in all areas. This included satisfaction in relation to décor, meals, activities, staff and hygiene. Unsolicited comments attached to the questionnaire were complimentary about the home. One said, "The improvement in Filsham Lodge this year is amazing." Another said, "My sincere thanks to all and especially to X (manager), great management." The home carried out regular service user satisfaction questionnaires and the results were published in two formats including easy read. The results showed over 90 per cent of people felt that the care they received was good or excellent. This showed that the provider took account of the views of people, their relatives and staff.