Mr K Rajamenon & Mr K Rajaseelan

Hatfield 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

The inspection was unannounced and took place on 15 December 2015. The service is residential service for up 33 older people some of whom may have dementia type illnesses, 31 people were in residence on the day of inspection. People have their own bedrooms with ensuites and these are located over four floors accessed by a main shaft lift with some rooms accessed via stair lift for those who cannot manage stairs.

This service was last inspected on 15 January 2014 when we found the provider was meeting all the regulations.

There was a registered manager in post. A registered manager is a person who is 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.

People were treated with kindness and respect by staff. People told us they felt safe and liked the registered manager and staff that supported them. Relatives told us they had no concerns about the service and were satisfied with the overall standard of support provided. They felt confident in the quality of care and said they were kept fully informed by the service and that communication was good.

Summary of findings

Medicines were managed well by trained staff but we have made a minor recommendation for improvement to the recording of administered creams in bedrooms. Staff had received fire training and understood fire procedures and the evacuation of the building, they attended fire drills. We have made a minor recommendation however, that the provider seek further advice from the fire service in regard to people's personal evacuation procedures.

There were enough staff with the right skills to support people properly. Recruitment processes ensured only suitable staff were employed. Staff received induction and a range of training to give them the knowledge and skills they needed. Staff felt listened to and supported staff received regular formal supervision and met regularly with their registered manager, records of these discussions were made available to view.

Staff were able to demonstrate they could recognise, respond and report concerns about potential abuse. The premises were clean, well maintained and undergoing a programme of upgrading to address identified shortfalls in the standard of accommodation in some areas. All necessary checks tests and routine servicing of equipment and installations were carried out.

People ate a varied diet that took account of their personal food preferences. Their health and wellbeing was monitored by staff that supported them to access regular health appointments when needed. People received information mostly in suitable formats and the registered manager was now looking at use of pictorial prompts for some people. People were supported to maintain their independence for as long as possible and at a pace to suit them.

Staff were guided in the support they gave to people through the development of individualised plans of care and support; risks were appropriately assessed to ensure measures implemented kept people safe. People were encouraged by staff to make everyday decisions for themselves, but staff understood and were working to the principles of the Mental Capacity Act 2005 (MCA) where people could not do so. The MCA provides a framework for acting and making decisions on behalf of people who lack mental capacity to make particular decisions for themselves.

People and relatives told us they found staff approachable and felt confident of raising concerns if they had them. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had referred a number of people for assessment for DoLS authorisations but these were still to be processed. The registered manager understood when an application should be made and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

People said their needs were attended to by staff when and if they required it. People respected each other's privacy. People were supported to maintain links with the important people in their lives and relatives told us they were always consulted and kept informed of important changes.

People and relatives were routinely asked to comment about the service and their views were analysed and action taken where improvements could be made. Quality assurance audits were undertaken, to monitor service quality and address any issues highlighted from these within set timescales.

We have made two recommendations:

We recommend that the registered manager review the recording of creams administered by staff and how omissions in administration are recorded in accordance with the providers medicine policy and good practice guidance in regard to managing medicines in care homes (published March 2014) NICE

We recommend that the provider consult the Fire Service regarding peoples personal evacuation plans to ensure these meet current fire legislation Regulatory Reform (Fire Safety) Order 2005.

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

Good

Medicines were managed well but we have made a recommendation for minor improvement to recording of some administered creams. Fire procedures were understood by staff, evacuation plans were in place but we have recommended people's evacuation plans be reviewed with the fire service.

Recruitment processes ensured that only suitable staff were employed. There were enough staff to support people safely. The premises were well maintained and where improvement was needed upgrading was happening or planned.

Servicing checks and tests of fire, gas and electrical installations carried out regularly. Staff understood how to recognise and respond to abuse people could be subject to. Accidents and incidents were monitored, analysed and actions taken in respect of emerging issues

Is the service effective?
The service was effective

Good

Staff said they felt supported and formal support networks through individual planned supervisions and staff meetings were in place. Staff

received training to give them the right knowledge and skills to understand people's needs and support them safely.

People ate a varied diet that took account of their preferences. Peoples health needs were monitored and they were supported to access healthcare appointments.

People were supported in accordance with the Mental Capacity Act 2005 (MCA) they were consulted about their care and support needs.

Is the service caring?
The service was caring

Good

Observations showed that people were treated kindly and with respect by staff.

People said they enjoyed having time to chat with other people. They said staff were kind and helpful.People's privacy was respected. Staff promoted people's independence and ability to do more for themselves.

Staff supported people to maintain links with their relatives and representatives. Relatives felt they were kept informed.

Is the service responsive?
The service was responsive

Good

People referred to the service had their needs assessed to ensure these could be met. Care plans were individualised and took account of people's capacity, needs, support preferences and things that were important to them.

Summary of findings

People were provided with a programme of weekly activities they could choose to participate in or not.

People and relatives told us they felt comfortable raising issues with staff and were confident these would be addressed.

Is the service well-led?

Good

The service was well led

People, their relatives, and staff commented positively about the service and the quality of care people received.

Quality assurance audits were undertaken by staff, the registered manager and the providers to highlight and address any shortfalls. People and their relatives were asked to comment about the service on a regular basis, and their comments were discussed and acted upon.

Policies and procedures were kept updated to inform staff. Staff said they felt listened to and were given opportunities to express their views in regular staff meetings.

Hatfield 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 15 December 2015 and was unannounced. The inspection team comprised of one inspector and an expert by experience that had experience of the care of older people and of people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we asked the provider to complete 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 looked at the information provided in the PIR and used this to help inform our inspection. We reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

At inspection we met and spoke with many of the people who lived in the service and observed how they interacted with each other and with staff. We observed staff carrying out their duties and how they communicated and interacted with each other and the people they supported. We spoke in depth with seven people who use the service and two visiting relatives. Not everyone we met was able to speak with us so we used the strategic 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 also spoke with the registered manager, operational manager, a team leader and three other staff. After the inspection we contacted five relatives and a social care professional who represents a number of people at the service. We received feedback from four relatives who spoke positively about the service and raised no concerns.

We looked at three people's care and health plans and risk assessments, medicine records, three staff recruitment training and supervision records, staff rotas, accident and incident reports, servicing and maintenance records and quality assurance surveys and audits.

Good

Is the service safe?

Our findings

People told us they felt safe comments included: “It is just how I like it and it is always clean". Another said "It's very good here", she had a Zimmer frame that she pointed to "that makes me feel safe and I can't fall over" she said. "My room is always kept clean and tidy and no one hurries me". A third person said “I like it here, the carers are particularly nice and there is always someone around". Another person told us that they liked to keep their personal possessions safe and had a key to lock their room with, they also said I have to take one medicine each week very early, “that always happens,"

Relatives said “I was impressed with the cleanliness of the home, particularly that chairs and tables were wiped regularly, which is very hygienic", Another said "The room is very good and I know he is safe there", I will be bringing some things from home, especially a photograph of all the family together which we can both look at". A third said “This is a very safe home, it is always clean and tidy."

People were kept safe because only staff trained in medicines management were responsible for administering medicines in the service, and they ensured people received their medicines when they needed them. Only senior administering staff were able to undertake all tasks relating to medicine ordering, receipt, storage, administration, recording and disposal in accordance with the service medicine policy. The competency of administering staff was assessed routinely to ensure good practice was maintained in accordance with medicine policies and procedures. Medicines were dated upon opening. Medicine storage and trolleys were kept clean, tidy and locked when unattended. We noted a few omissions in the second administration of creams after personal care on a few cream charts viewed and observed that the keys for locked bathroom cabinets used for storing creams not deemed dangerous in people’s rooms, were too visible and accessible in some rooms. This was brought to the attention of the registered manager at inspection who took immediate action to have visible keys relocated. In order to maintain safe administration of medicines we have recommended these arrangements be reviewed.

Staff had received fire training, fire risk assessments were in place and all staff knew the evacuation procedure and assembly point. Fire drills had been undertaken with four held for day staff and two for night staff. Individual personal evacuations plans (PEEPS) were in place for people; these took account of their specific needs and identified that some people may need to be left behind fire doors for 30 minutes if they could not be evacuated. We recommend that these plans be discussed with the fire service to ensure the existing arrangements meet current fire legislation requirements.

People were protected against the risks of receiving support from unsuitable staff, because recruitment checks undertaken ensured staff selected were safe and had suitable qualities and experience to support people safely. Checks had been undertaken with regard to criminal records, proof of identity and previous conduct in employment and character references. Each file viewed also had a current photograph with the exception of one, this is a requirement of legislation however, a photograph of the staff member was available elsewhere in the home as all staff photographs were used to inform people which staff were on duty. The registered manager agreed to add a copy to the staff members file.

New staff were expected to complete a probationary period before they were made permanent in their role, they met with the registered manager during this period on several occasions, and this ensured that the registered manager was confident that they had the right competencies and had learned and put into practice the skills they needed to support people safely.

Staff and most people told us that there were always enough staff available to provide people with the support they needed. A dependency tool was used to assess individual dependency needs and those for the service as a whole; information gathered from these assessments informed the registered manager as to how many staff were needed to support people safely. During the daytime shifts there was a team leader and three care staff on duty throughout the week, with additional support on weekdays from the registered manager and the deputy who could be called on for help if needed. The staff rota confirmed these levels of staffing were generally maintained.

People were protected from harm because staff had received safeguarding training that helped them to understand, recognise and respond to abuse. Staff were confident of raising concerns either through the whistleblowing process, or by escalating concerns to the registered manager and provider or to outside agencies where necessary.

Good

Is the service safe?

Risks people may be subject to from their environment or as a result of their own care or treatment needs were assessed; risk reduction measures were implemented and staff were provided with guidance on how to support people safely. Risk information was kept updated and reviewed from time to time to re-evaluate how effective risk reduction measures were or whether further amendments and changes were needed to reduce risk levels further.

The environment was safe for people to live in. The premises were kept clean and well maintained, and all necessary checks and servicing of equipment and electrical and gas installations were undertaken. Staff reported that repairs were undertaken quickly. The registered manager reported that on occasion occupational therapists have visited to advise on equipment needs for some people, we noted that corridors were without grab rails in place, this had not been identified as an issue by occupational therapy staff but whilst the premises are undergoing upgrading it would be advisable for the registered manager to check whether this would be of benefit or not to people in the service.

The programme of upgrading underway had highlighted areas for refurbishment, cleaning or redecoration this would include stained carpeting noted on the first floor, and also the laundry area which was scheduled for updating in early 2016, in the interim we have recommended that the storage of clean clothing is moved away from the staff hand wash sink, to reduce the risk of cross contamination.

Cleaners worked each day to regular cleaning schedules and had daily weekly and monthly tasks to complete to ensure that a good standard of cleanliness was maintained throughout the service. Staff were provided with protective clothing for when supporting people with personal care. There was a sluice which was clean and tidy and staff used this to manage commodes hygienically. An infection control audit was conducted every three months, this highlighted any shortfalls in practice, or environment and had recently highlighted the need for larger pedal bins for staff to use and which had been obtained and were in use.

Accidents reports were plotted by the registered manager each month and analysed to assess for patterns or trends, for example whether there was a correlation between medicine times, or location and times of falls. and whether some individual needs could continue to be met within this service safely.

We recommend that the registered manager review the recording of creams administered by staff and how omissions in administration are recorded in accordance with the providers medicine policy and good practice guidance in regard to Managing medicines in care homes (published March 2014) NICE

We recommend that the provider consult the Fire Service regarding peoples personal evacuation plans to ensure these meet current fire legislation Regulatory Reform (Fire Safety) Order 2005.

Good

Is the service effective?

Our findings

People told us that they got enough to eat and enjoyed food quality overall. They said that staff asked them in resident meetings what they would like to see on the menu. They commented "The food is good here, there is always plenty to eat and you have a choice" Relatives said they felt that staff kept them informed about any health issues or needs their family member experienced, and that sometimes staff in turn sought information and advice from them.

New staff underwent a period of induction and were initially supernumerary on shifts for the first two weeks of their employment, this was so that they could familiarise themselves with the routines and peoples individual care regimes. Competency assessments and a plan to complete all essential training including safeguarding and moving and handling was in place. The new starter induction was linked to the nationally recognised Skills for Care network and the introduction of the new Care Certificate. The Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life.

The staff training record showed that staff had completed all their essential training updates in for example, food hygiene, fire safety, infection control, moving and handling, safeguarding, mental capacity, health and safety and Medicines management for those staff that administered medicines. A range of extra training was available to staff, and a third of them had completed additional training in pressure care, stoma care, person centred care and coping with aggression to enhance their knowledge and skills and better understand and meet people's needs. Fourteen out of 20 full time, part time and flexi staff had completed or were completing nationally recognised vocational qualifications at levels 2,3,4,and 5.

Staff told us that they were supported through individual one to one meetings and annual appraisals of their work performance. These meetings provided opportunities for staff to discuss their performance, development and training needs. The registered manager or deputy were always available, and staff felt able to approach them at any time if there were issues they wished to discuss.

Staff had received training in the Mental Capacity Act 2005 (MCA). This provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. Staff sought consent from people for their everyday care and support needs. They understood that when more complex decisions needed to be made that people lacked capacity to decide for themselves, relatives, representatives and staff would help make this decision for them in their best interest. The registered manager was aware of actions to take when best interest meetings needed to be held for example, necessary health interventions. Restraint was not used and staff were not trained in the use of physical interventions. Care plans made clear peoples individual emotional expressions of behaviour and this helped staff understand the behaviour and the simple strategies they should use to de-escalate this to keep everyone safe.

Staff supported people with their health appointments. People were given a choice of where they received their optical, dental and chiropody care and this could be provided at the service. People were referred to health care professionals based on individual needs. Staff were vigilant in checking people's wellbeing and whether there was an emerging health related need. People's weights were taken on a regular basis and any weight loss was alerted to senior staff. Adaptations were made to some bathrooms into wet room facilities to better meet people's deteriorating physical health. Peoples at risk of falls, pressure ulcers were assessed and procedures and equipment implemented to reduce the risk of harm occurring. Room checks ensured that people's air mattresses were kept at the correct setting, crash mats and alarm mats were in use for people at risk of falls or who may wander at night. Relatives said they felt happy that their family members health needs were attended to.

We spoke with the cook who had an understanding of people's individual dietary preferences and any specialist diets that needed to be catered for. Dietary needs and nutritional assessments were undertaken to highlight anyone at risk from poor nutrition. Menus were developed from an understanding of people's likes and dislikes gathered when they were admitted to the service and from changes requested by them at resident meetings. People had two choices of main meal and dessert, with a range of choices for the supper menu. Menus were on display but these were in small print, and a chalkboard in the dining room displaying the daily menu was difficult to see. The

Good

Is the service effective?

registered manager showed us that action was already being undertaken to review how menus were displayed and use a combined text and pictorial format. Staff asked people for their menu choices shortly before meals were dished up, so they were able to remember what they had ordered. A relative told us that from their observations there was no reason for people to go hungry as there was always something being offered they said " she sometimes has her breakfast late which is a cereal but is then offered a yoghourt or banana, then its tea time with tea and biscuits, and then lunchtime!".

We observed the lunch period. The majority of people sat around dining tables in small companionable groups, chatting amongst themselves. Others sat in the lounge with table trays. Staff offered assistance to residents to cut up their food, or bring drinks and offer biscuits for the most part this was done well and discreetly. A few exceptions where improvements could be made was in the issuing of tea and coffee after lunch from the trolley, this was rushed and tea was slopped in some saucers. Biscuits were offered from a tub which people could not see into and was eventually left on a table for people who could do so to help themselves.

Good

Is the service caring?

Our findings

People told us "People are very nice and caring about other residents". "I am happy here, people do have time to chat to me". Another said "I do need some help with washing and dressing now, they don't hurry me and it is nice to have a little chat". A third said "I am very independent and don't need much help, if I ask can you help me they say you can do it which I then do". A relative said "The care is good and there are always staff around to ask for help if we need it". Another told us "I feel confident now about going away knowing she will be well cared for". A staff member commented "People are well looked after, they come first."

Staff showed they had a good rapport with people and we saw many examples of spontaneous affectionate interaction from staff towards people, for example engaging in jokey banter with some people, offering a gentle touch on someone's head, a smile, a shoulder squeeze, or a brief chit chat.

Staff were kind and helpful responding quickly to people's requests for support or expressed need, for example we observed a person request a tissue from a care staff member, and this was quickly provided. Staff supported people with their personal care discreetly, and people could retain their privacy by having keys to their rooms to lock them when they were out to feel confident their belongings were safe.

People's care plans contained information about the important people in their lives and important events they needed to be reminded about. Staff were familiar with their life stories and had built up relationships with them.

Relatives said they were always made to feel welcome whenever they visited. We observed staff taking care of relatives by offering the refreshment and asking if they wanted to stay to lunch. There was a small café area in the basement where people could go with their relatives if they wanted to be more private when this was not in use.

A number of people we spoke with told us that staff were encouraging of them to remain independent. One told us "I don't need any help but not sure if I would ask for it anyway" (no reason given for this except her desire to remain independent). She told us that she got up and had breakfast when she liked and also went to bed when she was ready.

Bedrooms were of various sizes some with carpeting others with laminate effect vinyl flooring. A programme of upgrading was providing people with rooms that were decorated and furnished to a high standard. People were encouraged with family or staff support to personalise their bedrooms and many seen had personal effects such as photographs, pictures, flowers, small personal possessions, and books. Some people had also brought in items of their own furniture. Not all bedrooms had televisions but this was personal choice.

Religious services were held at the service and one person told us that she was happy she was able continue her religion and able to go out to attend services. The person told us that she had made several new acquaintances through this who had later visited her in the home. She had a very positive attitude to her care and being in the home.

People were provided with a user guide in their bedrooms which was in large print and informed them about the terms and conditions of living in the service, and some of the routines that would make settling in easier to understand. Some of this information was also displayed on an information board.

A notice board in the dining room showed the day, date and weather, this was clear and understandable and helpful to people struggling to retain such information so they did not become confused or lose track of time and the days of the week. People had access to daily newspapers to keep them informed of local national and worldwide events.

No one at the service was considered to be in need of end of life care at the time of our inspection, but the registered manager and a few staff had worked closely with the local Hospice taking part in the '6 Steps end of life care pathway' which builds on the existing end of life gold standard framework established by Hospices, this strategy applies to all conditions and in all settings to ensure that everyone at the end of their life receives appropriate and individualised care that places them at the centre and takes account of their wishes and preferences. The Registered manager had ensured that end of life wishes were discussed with people and/or their relatives and recorded in their plan of care to ensure that these would be fully respected when needed.

Good

Is the service responsive?

Our findings

People knew about the activities on offer and chose what they wanted to do; one told us “I knew about the activities that took place, mostly the exercise things but they do have a Sunday service which is rather good to hear, so there are things to do". A second told us "I went to Howletts on a visit, it was very good as I like to be out in the open" "They do other trips like the theatre but that's inside so I’m not bothered about that sort of thing". "I like to just sit and chat to the others most of the time".

A weekly activity planner had been developed and was displayed on the main information board so people could see what events were happening each week, these included: arts and crafts, musical bingo, ball games and exercises as well as Sunday service. An activities organiser/ carer worked four days each week to facilitate activities with and for people. A café area had been developed in the basement and this venue was used for holding men’s or women’s groups away from the man areas. A hairdressing salon had also recently been added and this provided opportunities for two people at a time to sit and have their hair done together providing a more social experience. Some people we spoke with by their own choice spent time in their rooms.

We met one person who had visited the service prior to coming to live there permanently; they said it was their decision to come to the service. The registered manager explained that usually people were assessed prior to admission and were provided with opportunities to visit if they were able, sometimes relatives visited on their behalf. Pre admission information viewed was well completed and had been developed from discussions with the person and or their relatives about their needs and how they preferred to be supported. A care plan was developed from this that provided guidance to staff about people’s daily routines; a personal profile gave staff a potted social history of the person and important events and work life that could be discussed with them. The care plan provided staff with an understanding of the person’s communication style, any sensory impairments, their mental capacity and emotional wellbeing, personal care and health care needs and activities they enjoyed. This was kept under review and added to as staff became more familiar with them and their needs.

Care plans were personalised and looked at what people needed and wanted in the way of support to live their daily lives. They addressed the individual support people needed around maintaining their personal care, social interaction, leisure interests, and night time support including continence management, what people thought they could do for themselves and what they needed assistance with. Each person had a key worker who met with them every month to check whether there were any changes to the support they received, key workers highlighted changes and these were amended by the manager or deputy who updated the care plan Staff said that any changes in people’s needs they became aware of were discussed with registered manager or deputy manager who amended the relevant parts of the care plans accordingly. Staff took time each month to sit with the people they were the designated key worker for and talked with them about their care and support; any issues that arose from these discussions were taken forward to the registered manager. Each person had an annual review to which relatives and care managers were invited and this looked at whether the person’s needs were continuing to be met at the service and whether additional support was needed to meet changing needs.

Information about peoples likes and dislikes and activities that interested them were recorded in their care plans. At inspection people were sitting around chatting companionably with others; several people were reading newspapers and magazines in the lounge areas. Resident meetings provided people with opportunities to discuss the activities available and whether they wanted to change these or do additional activities. A record of the most recent meetings showed that many of the suggestions for external visits and activities had already been provided showing that staff were listening and acting upon what people said they wanted.

A complaints procedure was displayed for people to view. Individually people were provided with copies of a ‘service user guide’ which they kept in their room this was printed in large print and contained a personal copy of the complaints procedure for their information. Relatives said they felt confident of raising concerns with the registered manager or other staff if they had them and said they found staff approachable and open.

A complaints log was maintained by the registered manager for recording of formal complaints received. The

Good

Is the service responsive?

PIR informed us and the registered manager confirmed that four complaints had been received and resolved in the last 12 months, these were recorded in the complaints log with evidence of the investigations undertaken. We pointed out to the registered manager that the column for recording the final stage of the complaints process was unclear as to whether the complaint had been resolved to the complainant's satisfaction or was referred onto arbitration, the registered manager agreed to amend the log to make this clearer. People were also provided with opportunities through resident meetings to express any matters of concern which would be reported to the registered manager. A review of some of these meetings showed no particular issues of concern arising.

Good

Is the service well-led?

Our findings

Feedback from relatives was that they thought communication was good and they were kept informed of their relative's wellbeing by staff. Staff said "the providers call in and the area manager is also good"; another said "The manager comes back to you about issues you have raised". "The manager tells us about policy and procedure changes, and we are able to discuss issues with her, I feel listened to and involved, we are reminded to read the updated policies."

Staff said they found the registered manager approachable and spoke positively about her leadership style. The registered manager showed that she was familiar with individual people and their support needs, she chatted comfortably with them and people seemed pleased to speak with her. Staff and relatives said they found the registered manager approachable and they and staff said they felt confident that if they had any concerns these would be addressed. Relatives were happy with the service their family member received.

Staff said they felt supported and listened to. The atmosphere within the service on the days of our inspection was relaxed, open and inclusive , staff were seen to work in accordance to people's preferences and needs and their support was discreet and unobtrusive.

Staff told us that the providers visited regularly and were accessible stopping to chat with people and staff. Staff thought communication was good; they said they were kept informed about important changes to operational policy or the support of individuals usually through formal staff meetings which were held regularly with nine held in the last 12 months. Staff had access to policies and procedures, which were reviewed regularly by the management team to ensure any changes in practice, or guidance is taken account of, staff were made aware of policy updates and reminded to read them.

Comments cards were available for people and relatives to use and quality assurance questionnaires were sent out & collated every six months; these sought people's views about service quality and those viewed were positive in all areas. A service newsletter was circulated every two months bringing people up to date with happenings in the service. A corporate newsletter from the provider was also circulated every six months informing people about events and happenings across the company.

The implementation of the café in the basement had provided a venue for community groups to use as a meeting place for people living in the community.

There were effective systems in place to regularly monitor the quality of the service that was provided. On daily, weekly monthly, six monthly and annual intervals. Each month aspects of care were audited such as medicines, accidents and incidents, health and safety, care plans, catering, cleaning, and finances. Formal quality monitoring visits by the provider representative were undertaken at regular intervals and three were recorded in the last 12 months. Records showed that the area manager did speak with some people and staff during visits but there was an absence of codes to identify who was spoken with to ensure a cross section of the staff team and people in the service were given opportunities to express their views. We discussed this with the area manager who agreed to ensure this was made clear in future quality reports.

The registered manager was partway through the process of allocating staff leads for nutrition, infection control, safeguarding and pressure care, the nominated staff were to receive enhanced training and provide specialist support to the rest of the staff team in regard to any issues that arose in these areas including staff knowledge and practice.

Information about individual people was clear, person specific and readily available. Guidance was in place to direct staff where needed. The language used within records reflected a positive and professional attitude towards the people supported.

Staff leaving employment were asked to complete leaving questionnaires, staff turnover was low but we viewed one questionnaire from a leaver that spoke positively about their experience of working in the service, and the quality of service delivered to people. The provider has a reward scheme in place that recognises individual staff contributions through an employee of the month scheme and on an annual basis the company holds a corporate

Good

Is the service well-led?

awards ceremony celebrating achievements of the work force. Staff were encouraged to develop their skills and pursue personal development with financial support for this coming from the organisation.

The registered manager ensured that the care quality Commission was notified appropriately and in a timely manner as and when notifiable events occurred. She kept her own knowledge and skills updated through maintaining links with Safeguarding & South East CCG's and attended meetings and workshops as and when provided. The providers were members of KICA, (previous Kent Care homes association) which updates providers and registered managers of important changes. They were also members of other groups and associations including skills for Care / NAPA (National Activity Providers Association). They maintained their investors in People award.