

Fairdene Lodge Care Home Limited

Fairdene 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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Fairdene Lodge is a residential care home providing personal care to 30 people aged 65 and over at the time of the inspection, most of whom were living with dementia. The service can support up to 32 people.

People's experience of using this service and what we found

People received outstanding care that significantly improved their lives and well-being. The service supported people in innovative ways to meet their social and cultural needs. People and their relatives spoke positively about the activities provided at the service, and how these were designed to match people's needs and choices. The provider had proactively used technology to promote people's independence and well-being. Staff knew people well and suitably adjusted their way of communicating to meet individual needs. We saw warm and friendly interactions between people and staff.

People were safe living at the home and staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place and sufficient staff to meet people's needs. Risks to people's safety were managed through a robust risk management process. Medicines were managed safely, and people received their medicines as prescribed.

People were supported to meet their nutritional needs and complimented the food at the home. The home was clean and nicely presented and people had personalised decorations to their doors and bedrooms. People were supported to access healthcare professionals appropriately when needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was well-led and we received positive feedback about the supportive and open culture at the home. Staff told us they were encouraged to undertake training and development opportunities. People and their relatives were regularly asked for their views and ideas to continually drive improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for the service under the previous legal entity was requires improvement, published on 26 June 2019 and there was a breach of Regulation 18 Registration Regulations 2009: Notification of other incidents. A provider is required to send a notification to the CQC to alert us of any significant incidents, for example, an allegation of abuse in relation to a person using the service or when a person is deprived of their liberty, under Deprivation of Liberty Safeguards. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Fairdene Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by one inspector and an assistant inspector.

Service and service type

Fairdene Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, care workers and chef. 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 reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four relatives to obtain feedback on the quality of care. We also spoke with two professionals who have regular contact with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this service under its new legal entity. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safe and protected from the risk of abuse and harm. One relative told us, "Yes [relative] is safe. [Relative] can be unsettled but it's not made to be a scary place, it's a lovely and normal home. You can ask staff for anything and they're always happy to oblige."
- Staff had a good understanding of how to keep people safe. They had up to date training in how to recognise and report any concerns which arose. A member of staff told us, "I care for people as though they were my own family. It's my job to keep them safe and if I had concerns, I would report it to [registered manager]. I'm confident it would be dealt with."
- The registered manager had reported incidents to the appropriate agencies and worked with the local authority to investigate and address any safeguarding issues to help keep people safe.
- Lessons were learnt when incidents occurred, and this improved outcomes for people. For example, where a person had left the property when they were unsafe to do so alone, measures were taken to minimise any risk of this happening again.

Assessing risk, safety monitoring and management

- Robust risk assessments were in place relating to various aspects of people's care, such as skin integrity, bed rails, falls and choking. Clear guidance was provided to staff to minimise any identified risks. They were regularly reviewed to help ensure they remained effective in promoting people's safety.
- Environmental checks had been completed to promote people's safety. This included checks to minimise the risks associated with legionella, fire and electrical and gas systems.
- People had personalised emergency evacuation plans (PEEPs). Staff demonstrated a good knowledge of fire safety and were able to explain the process of how to safely support people in case of fire.

Staffing and recruitment

- We saw there was enough staff available to safely meet people's needs. People and relatives told us that they felt there were plenty of staff. One relative said, "Every member of staff knows [relative's] needs. There's always lots of staff around."
- The registered manager used a dependency tool to help ensure there were enough staff to meet people's needs. They told us and staff confirmed that numbers of staff fluctuated dependent on people's needs at any specific time.
- The provider had a thorough recruitment procedure. This included pre-employment checks such as Disclosure and Barring Service (DBS) security checks and obtaining references before new staff started their probationary period. These checks helped to ensure staff were suitable to work in the home.

Using medicines safely

- Medicines were administered, ordered, stored and disposed of in line with best practice guidelines. We saw people being supported to take their medicines in their preferred way with appropriate assistance from staff. People had personalised 'as required' (PRN) guidelines on their records to ensure these medicines were given appropriately.
- People had their medicines reviewed regularly. One relative told us, "[Relative] is not on a lot of medicine now, they arranged a review and managed to reduce it. They keep track like that and get in touch with the doctor if needed."
- Staff were suitably trained and had their competency observed before they could administer medicines on their own.
- We checked medicine administration records (MARs), there were no gaps or omissions. Regular audits were completed by seniors or management to identify and address errors or issues in a timely manner.

Preventing and controlling infection

- The provider took additional measures to maintain safety for people and staff. For example, they purchased bicycles for staff or paid taxi fares to minimise the need for staff to use public transport.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- The provider was finding it difficult to meet social distancing rules due to people not being able to recall or understand why this was necessary. However, measures were in place to minimise the risk of infection spread should an outbreak of COVID-19 occur. We have also signposted the provider to resources to develop their approach.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service under its new legal entity. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs and preferences were assessed and reviewed regularly. Care plans highlighted people's choices and how staff could best support them to meet their needs.
- People told us they were satisfied with the care and support they received. We saw people being supported in line with current legislation and best practice guidelines. There were notices displayed throughout the home to remind staff of changes in care and guidance.
- Pre-admission assessments were completed before people moved into the home. These helped staff gain knowledge about the person and develop appropriate care plans.

Staff support: induction, training, skills and experience

- Staff received training, support and guidance to ensure they had skills and knowledge to support people effectively. One member of staff told us, "[Management] really encourage you to do training. They are so supportive, and make you feel really welcome."
- New staff undertook an induction which included a number of online training courses and spending time with an experienced member of staff until they were competent and confident to work alone.
- Staff had regular supervisions and opportunities to discuss any issues or concerns they may be experiencing. Staff told us they felt supported and confident that any concerns they raised would be acted upon by the seniors, the registered manager or provider.

Supporting people to eat and drink enough to maintain a balanced diet

- People and their relatives spoke positively about the food. One person during the lunchtime said, "This is lovely." A staff member then offered the person more of the meal.
- Staff understood people's dietary needs and people's care plans contained guidance about this. The chef demonstrated a good knowledge of people's needs and preferences and worked closely with management to ensure menus were appropriate. Staff monitored how much people were eating and drinking.
- Mealtimes were relaxed. We observed people chatting and laughing whilst having their meals in the dining rooms. Those who preferred to eat alone were supported to do so. One relative told us, "Whenever there is a special holiday or event like St Patrick's or Remembrance Sunday, they will always do something themed on that. The chef will even cook special foods for that occasion."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and their relatives told us they had access to healthcare professionals when needed. One person said, "They look after me the best they possibly can do, if I want to see a doctor, they arrange it for me."

- Staff worked with external professionals such as district nurses, opticians and speech and language therapists (SALT) to support people maintain good health.
- People's care plans contained information about their healthcare needs, including guidance for staff on what signs and symptoms to monitor. This ensured staff knew when people's condition may be deteriorating and when to seek medical help.

Adapting service, design, decoration to meet people's needs

- The home was clean, tidy and nicely decorated to meet people's needs. People's views and wishes were obtained regarding the decoration of the property. The communal areas were spacious enough for people to socialise, and there was a quieter lounge for those who preferred.
- People's bedrooms were personalised with their belongings and had clear signage to enable people to identify their own rooms. We observed signs around the home guiding people to different areas.
- People enjoyed the winter season decorations in the home and gardens, which had been adapted to replicate a small village.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Mental capacity assessments had been completed when appropriate. Where people lacked capacity to make a specific decision, best interest decisions had been made with the involvement of the person and those who were important to them.
- People who had approved DoLS authorisations had clear details of these and any conditions associated with the order in their care plans.
- We saw consent forms signed by people or their representatives confirming agreement with their care and support.
- Staff received training in relation to MCA and demonstrated a good understanding of its principles. A staff member told us, "It's about always assuming that people have capacity and can make their own decisions, even if we don't agree. I give people time and come back later if that's needed."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this service under its new legal entity. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives spoke highly of the staff team. They gave us positive feedback on how caring and kind staff were. One person told us, "We are really pleased we have Fairdene. They are brilliant! The staff are so caring. Even the cleaners say hello and say how much they love [my relative]."
- We saw people being well treated and it was clear staff knew people well. Staff intervened promptly when people showed any sign of distress, supporting people immediately to deescalate a situation. For example, during our visit a person became quite distressed in the communal area, staff responded rapidly to support the person, reassuring them and resolving the matter quickly.
- Staff had completed equality and diversity training and told us how they supported people. This included calling people by their preferred name, asking them how they wanted to be supported and giving them choice about how they spend their time.

Supporting people to express their views and be involved in making decisions about their care

- Staff took time to get to know people and their relatives to ensure care was planned in a way that supported their needs and choices. A relative told us, "I'm involved in [relative's] care plan. Staff adhere to [relative's] wishes. For example, she wanted to go out for walks, so they arranged to take her out twice a day. They cater for people needs."
- Throughout the inspection we saw warm interactions between staff and people. Staff involved people in decision making regarding what activities they would like to do and what they wanted to eat and drink.
- The registered manager and provider also spent time with people and their relatives to understand their needs. When needed, they arranged for the involvement of other health and social care workers such as social workers.

Respecting and promoting people's privacy, dignity and independence

- We saw staff treating people with dignity and respecting their privacy. For example, they would ensure doors and curtains were closed before giving care and knocked on a person's bedroom door before entering.
- People were encouraged to remain as independent as possible. For example, we saw one person helping staff to lay the tables for lunch. Care plans detailed tasks people could do for themselves and when staff should encourage this, or when they would need some support from staff.
- People's needs around their choice of religion were recorded and supported. The provider had arranged appropriate religious services and support for those who required this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this service under its new legal entity. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received outstanding care that significantly improved their lives and well-being. The service supported people in innovative ways to meet their social and cultural needs. For example, the service ran a scheme called 'Make a Wish'. Each month, one person was picked at random to 'make a wish' regarding something they had always wanted to do. The provider and registered manager had arranged a wide variety of activities to fulfil wishes. For example, a person used to own a certain type of dog and wanted to see them again. It was arranged for a local person to visit with these specific dogs. A relative told us, "[Relative] was so happy, they loved it. The [social media] pictures speak volumes!".
- The service had strong links with the community, especially a local school who had written letters throughout the pandemic and visited via the garden in October to share a "Halloween trick or treat" afternoon. People were also linked in with a local boxing club. One person who had been a professional boxer and had enjoyed it all their life was invited to observe training sessions and was supported to go to London where it was arranged for them to meet a famous boxing champion.
- The service had an exceptionally proactive approach to using technology to enhance people's lives. Each person in the home had an electronic device in their room which was personalised with their specific likes, for example music, audio books and news items. There was clear signage in people's rooms explaining how to use this technology enabling them to use it independently. People were observed to be using these devices throughout the day of inspection. Staff supported people to stay in touch with their relatives during the lockdown period using technology and they had a frequently used private social media page which relatives spoke positively about.
- People had access to innovative and creative activities that successfully improved their health and well-being. These included both activities led by staff and by external agencies. For example, staff supported people with playing games, singing and dancing to music, gardening, and crafts. The service also organised animals to visit the home, which people enjoyed interacting with. They also utilised a scheme where people could go for bike rides along the seafront. The change of scenery and fresh air had a positive impact on people's well-being after a long time isolated due to the pandemic. One relative told us, "I'm very pleased with the activities they do. They're constantly doing stuff like arts and craft. They have personal trainer sessions. My [relative] never used to paint her nails but they're always painted now, which they like. They send me videos as well, there's one of [relative] enjoying stroking a little rabbit."
- The provider and registered manager promoted positive risk taking to enable people to maintain relationships and attend family events that were important to them, despite the COVID-19 pandemic. We saw evidence of suitable risk assessments being completed to support people to safely attend events outside of the home.

- Staff and the activities coordinator spent time getting to know people to tailor activities that are meaningful. People were supported to attend an activities forum, where they expressed activities they would like to partake in and share ideas with other homes. There was substantial detail in people's care plans of their life history and how best to support them. This helped shape some of the activities, for example, one person used to work in the banking industry and enjoyed sitting counting objects. The person was encouraged to do this, and it supported them to remain calm if they began to feel anxious.
- People told us they enjoyed the activities in the home. During our visit, people were seen to be having an afternoon tea with homemade cakes, which generated lots of smiles. The service had a tearoom in the garden which had been used for visits during the COVID-19 pandemic. We saw photographs of people and their loved ones enjoying tea parties. A relative told us, "They keep us all safe when visiting, even when restrictions were tight, we could use the tearoom, and this made it feel very homely still."
- Some people chose not to attend activities and staff respected their wishes. One person said, "There's always something going on, usually when I'm well I'd be down there joining in, but they still pop in to check I'm ok. You're never on your own for long."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives were extremely complimentary regarding the exceptional person-centred care provided at Fairedene Lodge. The service used innovative ways to involve people and their relatives in their care planning. People's representatives had remote access to care plans via a secure electronic application. This allowed them to be kept updated and to add comments and feedback on their loved one's preferences. We saw a wide range of examples where amendments were made to a care plan, including adaptations to meet a person's religious beliefs.
- The provider had a dynamic staff rota which enabled staff to get to know people and their preferences comprehensively. Extra staff were deployed when a new person was admitted to the home, in order to get to know a person and settle them into their new environment. Relatives reported that this had a significantly positive impact on people's well-being and ensured care was delivered in a personalised way. Staff had undertaken specific training in person-centred care. The service had a stable staff team who had formed an in-depth knowledge of individuals allowing them to provide people with continuity of care.
- People who lived with dementia were supported in innovative ways to minimise distress and promote their well-being. The service had invested in a technology system that replicated being on a train journey. We observed people enjoying this, especially later in the day when it began to get dark. This time of day caused some to experience distress, but this technology had a significantly positive impact on people's behaviour.
- Relatives told us how the provider and registered manager worked in creative and adaptive ways to respond to people's fluctuating needs. One relative described an example where the registered manager had arranged for their relative to begin sharing a room with another person they had formed a close bond with and the positive impact this had on their well-being. They said, "They spoke to me about it and the other family, we both agreed and now they happily share a room."
- People's care plans were reviewed frequently to ensure they reflected people's needs. Staff knew people well and we saw warm interactions between them. Any changes were communicated effectively amongst the staff through handovers and meetings. The electronic system allowed any changes to people's conditions to be uploaded in real time. This ensured important information was available, up to date, and could be acted upon immediately.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- People's preferred ways of communicating and any support they required with this was recorded in their care plans. Measures were taken to ensure those who spoke different languages were supported to communicate. For example, staff arranged for an interpreter to visit purely to converse and spend time with one person, which had a significantly positive impact on their well-being and reduced their risk of being isolated. The provider employed staff who spoke different languages to match people; they also arranged for a local restaurant to bring in a person's native cuisine who would then spend time conversing with the person in their native tongue.
- Staff demonstrated a good knowledge of how people chose to communicate. One staff member told us, "[Person] is hard of hearing so we use visual aids to support them. If they really don't understand, I will write it down for them and then show them different options to point at."
- Information was available in accessible formats, such as large print, should this be required.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns should they have any and they were confident these would be addressed by the management team. One relative told us, "If I was concerned about something, I would immediately phone up. I know I can call or email if it's something less serious. Either way, they always respond."
- The provider had an up to date complaints policy which detailed how complaints would be managed. Complaints raised had been appropriately dealt with. The registered manager completed an analysis of complaints and concerns in order to address any trends or patterns.

End of life care and support

- The service provided end of life care when necessary, assisted by the relevant healthcare professionals, which was in line with people's needs and wishes.
- People had been asked about their end of life wishes and these were clearly documented in their care plans.
- Staff had received training in how best to support people at the end of their lives.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this service under its new legal entity. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was well-led and feedback from people and their relatives confirmed this. One relative told us, "Yes, it is well-led. I've never had any issues, but I can speak to any member of staff. The management are good and always available to speak with." Another added, "As an organisation with the management they have, they are brilliant!".
- There was a positive culture and atmosphere within the service, and this was promoted by the provider, the registered manager and staff. People were supported to express their wishes and preferences to enable care to be person-centred.
- Staff told us they felt well supported working at the service, had a strong team and good morale. One staff member told us, "I love it here, we are like a family. [Registered manager] is the best boss ever. I would never work anywhere else."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At the service's previous inspection, under the old legal entity, the provider had not sent us all of the correct notifications regarding allegations of abuse and deprivation of liberty safeguards. At this inspection, we found notifications had been supplied as appropriate and this was no longer a breach of regulation.
- The registered manager had a good understanding of what was expected of them as did the staff working at the service. The provider was proactive in their support to drive improvement within the service.
- An external auditor had been employed to support the registered manager and the provider complete regular audits and assessments. These assessed the quality of the service provided to people and where actions were needed these had been implemented rapidly to improve the service.
- The registered manager understood the 'Duty of Candour' and their responsibilities under this. This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about incidents, providing truthful information and an apology.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they were a close-knit team who worked well together. They felt involved and engaged in the service and were encouraged to attend team meetings and handovers where learning points were

discussed.

- People, relatives and the staff told us they were regularly given the opportunity to give feedback and share ideas and plans for the service. Surveys were completed and findings analysed to support quality improvement. One relative told us, "Yes, we get a number of surveys. We're kept up to date and told everything anyway."
- The registered manager and provider had an open-door policy. People, their relatives and staff were encouraged to express their opinions either in person, via email or via telephone.

Continuous learning and improving care; Working in partnership with others

- The provider and registered manager were keen to promote and encourage continuous learning and improvement within the service. Staff told us they were encouraged to undertake additional training and this was supported by the service. One staff member said, "They have offered to enrol me on an NVQ, they tell me that I have potential to excel and that has really increased my confidence."
- Management worked closely with other stakeholders to ensure people received good quality care. Professionals spoke positively about the good working relationship they had with Fairdene Lodge. This included health care professionals, commissioners of the service and the safeguarding team.
- The registered manager has spoken at provider forums to share learning and development ideas with other services. They had been approached and supported another care service in the area which was experiencing difficulties, to drive improvement.
- The registered manager demonstrated a wish to constantly drive improvement in the service. They told us, "We have implemented reflective practice sessions following incidents and training sessions to look at what went wrong and what we can do in the future. A lot of our training is done in house so we have the sessions to ensure staff have understood and know how to put the training into practice."