

Purelake Healthcare Ltd

North Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

North Lodge Care Home provides accommodation for up to 21 people who need support with their personal care. The service provides support for older people and people living with dementia. The service is a large, converted domestic property. Accommodation is arranged over two floors and there is a stair lift to assist people to get to the upper floor. The service has 21 single bedrooms. There were 20 people living at the service at the time of our inspection.

A registered manager was in post. 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 and associated Regulations about how the service is run.

People were protected against the risks of abuse. Staff had completed training and knew who to inform if they found signs of possible abuse. The registered manager acted upon concerns raised by staff. The character and

Summary of findings

skills of new staff were checked to make sure they were suitable to work at the service. Action had been taken to protect people when staff did not perform their role to the required standard.

People received the care they needed, when they needed it, as there were enough staff on duty. Additional staff were deployed every day at busy times. Staff had time to spend with people, and people were not rushed. Staff worked as a team to keep people safe. Staff supported and encouraged people to remain independent and responded quickly when people were at risk.

Accidents and incidents were recorded and investigated. The registered manager looked for patterns and trends and took action to reduce risks to people. Falls at the service had reduced from 29 in May 2014 to 17 in June 2014 and continued to decrease because of the action the registered manager had taken.

People's medicines were managed safely. Staff had the skills and knowledge they needed. The registered manager checked medicines monthly, to make sure people remained safe.

The service was clean and free from odours and people were protected from the risk of infection. The local district council environmental health department had awarded the service a 5 star rating for food hygiene and safety which means 'excellent'.

Risks to people from the building and equipment had been identified and action had been taken to remove or reduce risks to keep people safe. Emergency plans and equipment were in place and staff had practiced using them.

Although most people were living with dementia staff made sure they were able to make decisions for themselves. People were offered choices in ways that they understood. People's ability to make specific decisions had been assessed. When people could not make decisions staff made decisions in their best interests and involved people who knew the person well.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager understood

when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Staff had learnt all the basic skills they needed to perform their role in the first three months they worked at the service. All staff member had a training plan and had completed basic and further training to meet people's needs safely. Staff had obtained or were working towards relevant qualifications such as diplomas in Health and Social Care. Staff had the skills and knowledge to meet peoples' dementia care needs. Staff were supported to undertake their role by the registered manager and deputy manager.

People had enough to eat and drink and were offered a healthy diet. Staff knew what, when and where people liked to eat and offered people a choice at each meal. People who were at risk of losing weight or needed to gain weight were offered high calorie food and drinks. Hot and cold drinks and snacks were available throughout the day and night.

People's health needs were met. People's doctors or community nurses were contacted quickly when people's health changed. People had been referred to the local older person's community mental health team for support with their dementia care needs. People and their families were involved in discussions about their health care.

People appeared relaxed in each other's company and the company of staff. Staff showed an interest in what people said and gave them the information they wanted in a way they understood. Staff spoke to people respectfully.

People were helped to remain independent and were not rushed by staff. Staff offered people encouragement and reassurance. People who were anxious or upset were reassured and comforted by staff. People were offered choices in ways that they understood. Staff told people what they were going to do with them before they did it. People and their relatives had been asked about their needs, preferences, and interests. Staff knew people's likes and dislikes and how they liked their care to be provided.

People were asked for their views about the service and were involved in planning activities and outings. People's

Summary of findings

privacy and dignity was maintained and information about them was only shared to help them remain safe and well. People and their relatives were involved in planning the care they would like to receive at the end of their life.

People's needs had been assessed and care was planned and delivered to meet their needs.

Guidance was provided to staff about how to provide care safely. Risks to people's health had been identified and care was provided to keep them as healthy as possible. Records were kept of the care people received each day. Care plans were reviewed often and any necessary changes were made.

People were able to continue to take part in activities they enjoyed. An activities coordinator provided a programme of group and 1:1 activities, based upon what people wanted to do.

People and their relatives were able to make complaints about the service. They told us any concerns they had were resolved by the registered manager and they were happy with the action taken.

Staff aimed to provide high quality care to people in a homely environment. The quality of care provided was regularly reviewed and action was taken to correct any shortfalls found.

Staff were supported by the registered manager and the deputy manager. Staff knew their areas of responsibility and were accountable for their actions.

There was a culture of openness at the service. Regular staff meetings were held. Staff asked for advice and guidance when they needed it. Important events that affected people's welfare, health and safety had been reported to the Care Quality Commission without delay, so that, where needed, we could take action.

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.

People were protected against the risks of abuse. The character and skills of new staff had been checked to make sure they were suitable to work at the service.

Risks to people's health or from the building had been identified and care and equipment was provided to keep them as safe and healthy as possible. Accidents and incidents were recorded and investigated. People's medicines were managed safely.

People received the care they needed, as there were enough staff on duty. The service was clean and free from.

Good



Is the service effective?

The service was effective.

People were offered choices in ways that they understood. When people could not make decisions staff and others made decisions in their best interests. The registered manager understood the Deprivation of Liberty Safeguards (DoLS) which applies to care homes.

Staff had the skills and knowledge they needed to perform their role and meet people's dementia care needs.

People had enough to eat and drink. People's health needs were met. People's doctors or community nurses were contacted quickly when people's health changed.

Good



Is the service caring?

The service was caring.

People appeared relaxed in each other's company and in the company of staff. Staff spoke to people respectfully. People's privacy and dignity was maintained. People and their relatives were involved in planning the care they would like to receive at the end of their life.

People remained independent. Staff encouraged and reassured people. People were asked how they liked their care provided and staff respected this.

People were asked for their views about the service and were involved in planning activities and outings. The registered manager had acted on what people had said.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and care was planned and delivered to meet their needs. Care plans were reviewed often and any necessary changes were made.

People continued to take part in activities they enjoyed. An activities coordinator provided a programme of group and 1:1 activities, based upon what people wanted to do.

Good



Summary of findings

People and their relatives were able to make complaints about the service. They told us any concerns they had were resolved by the registered manager and they were happy with the action taken.

Is the service well-led?

The service was well led.

Staff aimed to provide high quality care to people in a homely environment. The quality of care provided was regularly reviewed and action was taken to correct any shortfalls found.

Staff were supported by the registered manager and the deputy manager. Staff knew their areas of responsibility and were accountable for their actions.

There was a culture of openness at the service. Regular staff meetings were held. Staff asked for advice and guidance when they needed it. Important events that affect people's welfare, health and safety had been reported to the Care Quality Commission without delay, so that, where needed, we could take action.

Good



North Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 November 2014 and was unannounced. The inspection team was two inspectors and an expert by experience for dementia care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We last inspected North Lodge Care Home in October 2013 where we had no concerns.

Before our inspection we reviewed the information we held about the service, including notifications the manager had sent us about specific incidents and important events that affected people's welfare, health and safety.

We talked with four people, four people's carers and / or family members, 3 staff working at the service, the deputy manager and the registered manager. We observed how people were being cared for and supported in communal areas. We also observed how people were supported at lunchtime in the dining room and the lounge. 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 to us.

We observed medicines being administered and inspected 10 medicine administration records (MAR). We looked at the care of and support that people received. We looked at care records and associated risk assessments for five people who needed a lot of care and support. We also looked at management records including three staff recruitment files, staff training and support records, health and safety checks for the building, and staff and residents meetings minutes.

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person's relative told us, "My relative is safe here, I visit often and have never seen anything that concerned me". Another person's relative told us, "I'm sure that everything possible is done by the staff to keep the residents safe".

Staff had completed safeguarding adults training and were able to identify risks and the signs of possible abuse. They knew who to tell about any concerns they had. Staff took action to keep people safe when they identified risks. The registered manager and provider acted on concerns raised by staff. Staff worked as a team to keep people safe. Most people spent their time in communal areas and staff worked together to make sure there were always staff in the lounge to respond to people's needs. Staff responded quickly when people were at risk, such as if people became unsteady on their feet and might fall.

Guidance was provided to staff about how to provide care safely, including the equipment and techniques to be used when moving people. Risks to people's skin health had been assessed and care was planned to reduce the person's skin becoming sore or broken. Staff made sure people used the equipment detailed in their plan. People could be responsible for their own medicines if they wanted too. The registered manager completed a risk assessment with people and their relatives about people's ability to continue to be responsible for their medicines before they began to use the service. This was regularly reviewed.

Checks on the character and skills of new staff were completed to protect people from staff who were unsuitable to work at the service. These included Disclosure and Barring Service (DBS) criminal records checks. The registered manager knew when staff had not performed their role to the required standard and had acted to keep people safe.

People received the care they needed, when they needed it, as there were enough staff on duty. The number of staff required was regularly reviewed and an additional staff member had recently been deployed at busy times, such as tea time. Staff told us that this gave them more time to spend with people. People were not rushed and staff encouraged them to do things at their own pace. Staff responded quickly to call bells and people asking for help.

People did not have to wait for the care they needed. People who needed help to eat, received the support they needed from staff who sat with them until they had finished, one person was supported for approximately 45 minutes.

Staff recorded and reported accidents and incidents. The registered manager investigated each accident and took any required action, such as referring people for a falls assessment. They also looked for any patterns and trends. The registered manager had taken action to reduce the number of falls at night, including increasing safety checks and the monitoring of how long staff took to respond to call bells. Falls at the service had reduced from 29 in May 2014 to 17 in June 2014 and had continued to decrease due to the manager's actions.

People were given their medicines safely. Staff had completed training and had the skills and knowledge needed. Medicines were ordered before people needed them and unused medicines were returned to the chemist to be safely destroyed. Medicines were kept in locked cupboards, in a locked room. Records of the medicines people received were kept and were correct. The registered manager completed monthly and 'spot' checks of medicines make sure they were correct.

Some people had medicines they could take when they needed them, (PRN), such as pain relief. People were offered these medicines regularly. Some people could not tell staff they needed PRN medicines. Staff knew the signs, such as facial expressions, that people were in pain and offered them pain relief.

The amount of medicine that some people took was changed occasionally by specialist community nurses. Staff gave people the amount of medicine prescribed in the person's medicines administration book and did not take changes over the phone. This reduced the risk of people receiving the wrong amount of medicine.

The service was clean and free from odours. Sufficient cleaning materials and equipment were available and stocks were maintained. People were protected from the risk of infection. Clinical waste was stored and disposed of safely. Liquid soap and paper towels were available to help people and staff keep their hands clean. There had not been any outbreaks of infection at the service. The local

Is the service safe?

district council environmental health department visited the service in February 2014. They gave the service a 5 star rating because food hygiene and safety was rated as 'very good'.

Risks to people from the building and equipment had been identified. The registered manager had taken action to remove or reduce risks to keep people safe. Staff reported concerns about the building and equipment to the maintenance team and these were corrected quickly. Items such as hoists and electrical equipment had been checked at least annually by contractors with the correct skills and qualifications.

Emergency equipment such as fire extinguishers were available around the service. The registered manager had made fire evacuation plans which staff practiced every six months. Staff knew who to contact for help in an emergency, such as the registered manager or the deputy manager. Staff had the names and contact numbers for companies who provided emergency building and equipment maintenance, such as plumbers and electricians.

Is the service effective?

Our findings

People told us staff respected the decisions they made, such as when they got up and went to bed. One person's relative told us, "Staff allow people freedom to do what they want". People walked around the service freely, with help from staff when they needed it. People choose where they spent their time and who they spent it with. Some people preferred to sit in the same place each day and staff made sure they could do this.

The registered manager and staff knew the decisions people were able to make for themselves, such as how they spent their money and decisions about having medical treatment. Although most people were living with dementia staff made sure they were able to make some decisions for themselves. People were offered choices in ways that they understood. Staff gave people time to understand the question and to think about their answers. Staff supporting a person at lunchtime asked, "Do you fancy a bit more dinner?" the person said they did not. The staff member asked the person if they would like to finish their meal sat in an armchair in the lounge, the person said they would and the staff member helped them to do this.

Capacity assessments had been completed to understand if people were able to make specific decisions, such as receiving personal care or having a lock on their bedroom door. Where people were unable to make a decision, the registered manager had met with other people who knew the person well, including their relatives, to make decisions in their best interests. Advanced decisions, such if people wanted to be resuscitated, had been made by the person with their relatives and doctor.

Sometimes people refused their medicines. Staff told the person's doctor if they had refused their medicines for two or more days. People were only given their medicines covertly when it was in their best interests. Covert is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in a drink. The best interest decision was made by the person's doctor, the registered manager and other people who knew the person well, when the person had been assessed as not having the capacity to make the decision. Guidance was given to staff in people's care plans about how the medicines were to be given.

Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. The service was meeting the requirements. The registered manager was aware of the changes in DoLS practice and had informed staff of these. Three DoLS applications had been sent to the local authority DoLS office. The registered manager had put urgent authorisations in place to keep people safe until the local authority completed their assessments of the person and made a decision. Care had been planned to make sure that people retained as much freedom as possible, such as going out with support from staff.

People and their relatives told us that staff had the skills to meet their needs. When staff first started to work at the service they received an induction so they got to know the people and the care and support that they needed. The registered manager made sure that staff developed all the skills and knowledge they needed to perform their role in the first three months they worked at the service. The induction included the Skills for Care Common Induction Standards. Skills for Care is the recognised workforce development body for adult social care in England.

The registered manager had developed a training plan for each staff member including all the training and updates they needed. Staff had completed basic training, such as moving and handling, fire safety and first aid to meet people's needs safely. Further training in subjects including equality and diversity and end of life care had been booked. Staff were able to obtain relevant qualifications in care for older people with dementia. Eight staff had completed diplomas in Health and Social Care or equivalent at a basic, intermediate or advanced level. Four staff had begun diplomas in Health and Social Care including the deputy manager who was working towards a Level 5 Diploma in Leadership for Health and Social Care.

Staff had the skills and knowledge to meet people's dementia care needs and had completed training with local dementia care specialist team. Staff told us the training was very good and made them look at people's behaviour in a different way. Staff gave us examples of how the care they gave to people had changed after the training. One staff member said that they now understood

Is the service effective?

if people were looking for their mother, it might not be their mother they wanted but a feeling of safety and security, so they tried to give this to the person by holding their hand or giving them a cuddle.

Staff were supported in their role by the registered manager and deputy manager. One staff member told us, "The manager is always there to talk to about things". The registered manager met with staff every month to discuss people's care. They also discussed the staff member's work, any worries or concerns they had, and their training and development needs. One staff member told us, "I have monthly supervision. We discuss if I have any concerns with work or people, if I still feel confident in the role and if I need support from other staff." Yearly appraisals supported staff to develop in their role. One staff member told us, "Appraisal is a good way to have an input into how things work. It's always a good time to discuss things and look at the positives and negatives. It's good to know how I need to improve."

Staff knew what, when and where people liked to eat. People were involved in planning menus. A choice of foods was available at each meal. People were offered choices in ways they understood and choices were provided.

The food was home-cooked, looked appetising and was well presented. Vegetarian meals were available for people who wanted them. Extra calories were added to the food of people who were at risk of losing weight or who needed to gain weight. Hot and cold drinks and snacks were offered throughout the day. People were able to eat their meals in the dining room, lounge or in their bedrooms. Staff helped people to eat and drink discreetly, when they needed it. Mealtimes were relaxed and were not rushed.

Care had been planned to make sure that people had enough to eat and drink. People were weighed monthly to check that they were healthy. When people did not want to

be weighed other recommended methods were used to check their health, such as measuring the top of their arm. Staff knew how much people, who were at risk of not eating and drinking enough, had had each day and encouraged people to have more if they wanted it. People's doctors or dieticians were contacted when people were not eating or drinking enough. Care they recommended was provided by staff. A speech therapist was contacted when people had problems with swallowing.

People's health needs were met. When people's health needs changed staff quickly contacted a paramedic practitioner from the local doctor's surgeries, people's doctors or community nurses. People had been referred to the local older persons' community mental health team for support with their dementia care needs. People and their families were involved in discussions about their health care. Family members told us that staff "always" contacted them if there were any concerns about their relatives' care, and kept them updated with changes in their health needs.

People were able to continue to see the doctor of their choice, when they moved into the service. People benefitted from seeing a doctor who knew them and their health care needs well. People were supported to see their doctor and to attend health care appointments by the service.

A chiropodist visited the service regularly and provided treatment to those who wanted it.

The provider had adapted the building to support people to be as independent as possible. Steps had been removed and ramps had been fitted, bathrooms had integral hoists. There was a pleasant, well maintained garden for people to use in good weather. Call bells were fitted and people used them to obtain support from staff when they needed it. Signs helped people to find their way around the service.

Is the service caring?

Our findings

People and their relatives told us they were happy with the care they received. One person told us, “(The staff) are not just like this because you are here. They are like this all the time. I think they are all wonderful”. Another person’s relative told us, “I think the care is wonderful and it is such a happy place”.

People appeared relaxed in each other’s company and the company of staff. Staff knew who preferred not to spend time with whom and supported them to do this. One person told us, “You never hear any arguments here. Everyone gets on so well together and so it’s such a happy place”. Staff spent time sitting with people and chatting in a relaxed way. Staff showed an interest in what people said and gave them the information they wanted in a way they understood. Staff spoke with people respectfully, called them by their preferred name and did not interrupt whilst they were speaking.

People were supported to do things for themselves and were not rushed by staff. We observed staff supporting people to walk between different activities and areas of the building. People walked at a pace that was right for them. Staff offered people encouragement and reassurance to them by touching them gently on their hand or back. Staff knew the signs that people were getting tired and supported them to rest when they needed to.

People who were anxious or upset were reassured and comforted by staff. We observed that people responded to staff’s reassurance, and relaxed. Staff responded to what people said to them appropriately. We heard one person telling a staff member about going home to see their mother and father, that staff member did not contradict the person but diverted them to another subject they knew the person enjoyed. The person smiled at the staff member and continued to chat happily to them.

People were offered choices in ways that they understood best, including showing people the options that they could choose from, such as drinks and foods. Staff told people what they were going to do with them before they did it and continued telling people until the task was completed. At lunchtime staff reminded people what they had chosen as they gave them their meal and checked to make sure they were still happy with their choice. People who were

supported with their meal were told what was on the fork before they ate it. A large easy read calendar board was displayed in the lounge for people to refer to if they wanted to. The dates shown on the board were correct.

Residents and relative meetings were held often by the registered manager. People were asked for their views about the service and were involved in planning activities and outings. People told us they had gone on outings they had suggested at the meetings.

People and their relatives had been asked for their views of the service. The registered manager had reviewed these and spoken to anyone who had raised a concern. The results of the survey were displayed in the lounge for people and their relatives to see. The information was provided in a way that people could easily understand with large print and pictures.

People’s privacy was maintained. People received personal care in their bedroom or bathrooms. When people chose to receive care in communal areas, such as treatment from a community nurse, a screen was used to maintain the privacy and dignity. Staff kept information about people confidential and only shared it to ensure they remained safe and well. Records were kept securely but staff could get them quickly when they needed to.

People’s dignity was respected. People wore watches, jewellery and make up if they chose to. Staff made sure that ladies handbags moved with them around the service and they had the personal items they wanted. People were supported to change their clothes if they became soiled with food. Staff made sure that people’s clothes were returned to them from the laundry.

People’s relatives and other people that knew people well advocated for them when they were unable to advocate for themselves. Support was obtained from health or social care professionals when people were unable to advocate for themselves and did not have representatives.

People and their relatives were involved in planning the care they would like to receive at the end of their life and where they would like to receive it. Information was available to staff about people’s spiritual and cultural needs and these were considered when providing end of life care. Information about people’s advanced decisions around resuscitation was included in their plan. The registered manager and staff worked with people’s doctors and community nurses to support people to remain at the

Is the service caring?

service rather than going to hospital if this is what the person wanted. Detailed guidance was available to staff about how to make people comfortable and meet their care needs at the end of their life.

Is the service responsive?

Our findings

People and their relatives told us they were involved in planning their care and that care was delivered in the way they preferred. Staff provided people's planned care in the way people had requested. One person asked the registered manager to call their doctor as they felt unwell. The registered manager contacted the doctor as the person requested.

Assessments of people's needs were completed with them and their relatives before they moved into the service. The registered manager used this information to decide if the service could provide the care and support the person required. Further assessments were completed with the person when they moved in. These included assessments of risks, such as the risk of falling. Information from assessments and people's wishes was used to develop a plan of care for each person.

Care plans included detailed information about each person's needs and wishes, including if they preferred their care to be provided by male or female staff. 'This is me' booklets, designed by the Alzheimer's Society, were being completed for each person. People and their relatives had written the books with staff and had shared information about their needs, preferences, likes, dislikes and interests. Staff knew people's likes and dislikes and provided their care in the ways they preferred. Staff continued to offer people choices to make sure they always got what they required.

Records were kept of the care people received each day, these included where people had spent their time, any visitors they received and how they were feeling. Records of some individual care tasks were recorded when people had specific needs, such as when they were moved in bed and how much they had eaten or drunk. The records were reviewed daily and used to plan changes to the care people received. Care plans and risk assessments were reviewed monthly or more often if people's needs changed to make sure they remained current.

Staff knew what people were able to do for themselves and how they liked their support to be provided. Staff changed the way they provided support when people showed they required more or less assistance with a specific task, this helped people to remain as independent as possible.

People and their relatives told us they were supported to continue to take part in activities they enjoyed, such as fishing. Several people had taken part in fishing trips in the previous six months. An activities coordinator provided a programme of group and 1:1 activities, based upon what people wanted to do. People took part in a variety of activities during the inspection, including arm chair exercises with a visiting instructor and a quiz. A visiting reflexologist massaged people's feet if they wanted. People smiled and engaged with these activities. The activity coordinator and staff spent with people who were in their rooms or in bed. People took part in activities of their choice. The results of the provider's quality assurance survey showed that people felt there was enough to do at the service.

There was a formal complaints process in place. No formal complaints had been made to the provider in the past year. People and their relatives raised any concerns with the registered manager and staff. These had been resolved by the registered manager and people were happy with the action taken. People's relatives had sent thank you cards to the registered manager and staff. Cards included comments such as, 'Thank you all so very much for your kindness and support and care of our dear mother', and 'We would like to thank you for the highest level of care you gave our mum. We couldn't have wished for better care'. Staff asked people if they were happy for their care to be given before they provided it. They also checked people continued to be happy with the care as it was provided. Staff asked people throughout the day if they were happy and if they wanted anything.

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager. The registered manager spent time with people during the inspection and people and their relatives chatted to them in a relaxed way. People and their relatives told us the registered manager was always available to speak with them and responded quickly to their requests and concerns.

The registered manager and staff aimed to provide high quality care to people in a homely environment. One staff member told us, “We don’t want the service to feel like a hospital as this is people’s home, we want people to be as independent as they can be, just like they were in their own homes”. Another staff member told us, “We are always looking to ways we can do things better for people. Everyone is different and we provide care that respects people’s differences”. A third staff member told us, “We involve people and their relatives in the running of the service and ask them how we can make things better for them”.

Staff told us they were involved in developing the service and met with the registered manager regularly to discuss ways in which the service could be improved, such as staffing levels, activities and training. The registered manager had acted on the suggestions made by staff. The registered manager and deputy manager worked with the staff each day and constantly monitored and reviewed the quality of care provided, to ensure people received a good service.

The provider and registered manager checked the quality of the service people received. They completed checks on all areas of the service including cleanliness, health and safety of the premises and care plans. Action had been taken to correct any shortfalls identified and individual staff had been made responsible for completing the actions. For example, care staff had been made responsible for updating people’s care plans. Staff were accountable for their responsibilities and raised concerns with their colleagues or the registered manager if they felt that staff were not fully completing their duties.

People and their relatives were asked to complete quality assurance surveys annually. The feedback given had been reviewed and action had been taken to manage concerns and shortfalls. Feedback was provided to people

individually and was placed on a notice board in the main lounge in a format that people could understand. For example, when people had noted that their drink were not as they liked them, the registered manager had put processes in place to make sure that each person received their drinks as they liked them. Systems were in place to check that people consistently received their drinks in the way they liked. Resident and relative meetings were held to gather people’s views about the service and involve them in planning changes to the service. People had been involved in planning menus and activities, and told us the service had made the changes they suggested.

Staff told us that they felt supported by the registered manager and the deputy manager and were confident in their decisions. Staff told us they felt confident to positively challenge decisions made by the registered manager and colleagues. A management on-call system was in place to support staff when the manager was not working at the service. Staff and registered manager knew the decisions they were able to make themselves and when they needed to consult with other staff or the provider.

Staff were accountable for their actions and had received information on their responsibilities to keep themselves and others safe. Staff told us the registered manager and provider acted on and resolved concerns they raised about people and colleagues. Concerns raised had been thoroughly investigated and the action had been taken to address the concerns and prevent them happening again, such as when staff were not completing their role to the required standards.

There was a culture of openness at the service. The registered manager had an ‘open door’ policy and staff asked them for advice and guidance when they needed it. One staff member we spoke with said, “The manager is very approachable I wouldn’t want to work with anyone else.” Another staff member said, “The manager encourages us to look at ways that we can improve the way we work.”

Staff were motivated to deliver a good quality service and the registered manager praised and thanked staff for the work they did. There was a happy atmosphere in the service and staff smiled and laughed with people as they chatted to them and provided their care. The majority of the staff had worked at the service for many years and told us that they enjoyed working at the service.

Is the service well-led?

Regular staff meetings were held. The registered manager made sure that all staff attended meetings relevant to them, such as care staff meetings. Care issues were discussed and staff were reminded of when and how to provide care to people, such as supporting people to use the toilet during the day and night. Staff's knowledge of the provider's policies and processes was refreshed and any changes were shared with staff. Records of the meetings were kept and given to staff who were unable to attend. This enabled all staff to keep up to date with changes at the service.

Important events that affected people's welfare, health and safety had been reported to the Care Quality Commission without delay, so that, where needed, we could take action. The registered manager provided detailed information about the action they had taken to resolve each event and to reduce the risk to people in the future.