

Beechcroft Care Homes Ltd

# Cary 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?

Requires Improvement ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Cary Lodge is a care home without nursing for older people. The majority of people at Cary lodge were living with some level of dementia. The service is registered for a maximum of 40 people and 33 people were living there at the time of this inspection. Cary Lodge also provides short term support to people via the 'Intermediate Care scheme'. This scheme enables people who have left hospital to receive support from the service and healthcare professionals before going home.

The service was last inspected in July 2013 when it was compliant with the regulations relevant at that time.

A registered manager was employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The environment was generally clean and well maintained. However, when we arrived we noted a strong smell of urine in the main lounge. This area was cleaned during the inspection and the smell was removed. Some aspects of the environment were risk assessed. For example, the garden and people's bedrooms were risks assessed. However, we noted some specific issues relating to potential trip hazards and fire safety. For example, the first floor fire exit doors were not fitted with safety glass or film and one of the lower glass panels was cracked. Following the inspection we wrote to the Devon and Somerset fire service to ask for their advice about these matters. They are due to visit the service on 7 July 2016. These issues had not been identified through the service's quality assurance systems. We discussed our concerns with the registered manager and provider who agreed to address the matters as a priority. Following the inspection we contacted the registered manager who told us the matters had been rectified. We also received a letter from the provider confirming their commitment to continually improve the environment.

People had care plans that were person-centred and provided staff with sufficient information to meet their personal care needs. Care plans were reviewed regularly and updated when people's needs changed. However, care plans lacked details about people's past lives. This meant staff did not always have the information that would help them provide people with meaningful social interaction.

People's personal care needs were met in a person centred way, by kind and caring staff that knew them well. Staff ensured people's privacy and dignity was respected and all personal care was provided in private. People said "[Cary Lodge is a] nice place to be, all staff are very pleasant and helpful" and "Staff are wonderful".

People were protected from the risks of abuse as staff were confident they would recognise if abuse was occurring, and knew how to raise any concerns. There was a robust recruitment procedure that ensured the risks of employing unsuitable staff were minimised. People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated

Deprivation of Liberty Safeguards (DoLS). Any decisions taken on behalf of people were made in their best interests.

Risks to people's health and welfare were assessed. Where necessary, plans were put in place to minimise the identified risks. For example, risks in relation to choking, nutrition, falls, pressure area care and moving and transferring were assessed and plans put in place to minimise the risks.

Staffing levels were sufficient to ensure people's needs were met in a timely manner. During the inspection we saw people's needs being attended to in a prompt manner. One visitor told us there were always enough staff on duty when they visited. Following the inspection one relative sent us an email. They wrote that their relative 'appreciates the sense of security that the staffing levels give her, especially at night time'. However, we received mixed comments from staff about staffing levels. Two staff we spoke with felt there were not enough staff especially at weekends. Two other staff said they felt there were enough staff and one told us they had time to "Give people the care they need". We discussed staffing levels with the registered manager and provider who said they felt staffing levels were sufficient to meet people's needs. They also said there was an 'on call' system for senior staff at weekends. For example, the previous weekend a senior member of staff had been called to help care for one person who had been taken ill.

People were supported to maintain a healthy balanced diet and good health. When required, GPs and other healthcare professionals were involved with people's care. People's medicines were managed safely. Staff ensured people received their medicines as prescribed by their GP.

People were confident that if they raised concerns these would be dealt with by the registered manager. We received many positive comments from relatives who contacted us following the inspection. For example one relative wrote 'I am very happy to recommend the home to other relatives and I enjoy my visits to the home as I believe it to be well run, very caring and very effective in its care and respect for everyone concerned'. One visitor told us the service had "Made a hard decision (finding a care home for their relative) easier".

However, we received mixed comments from staff about how well supported they felt. Some staff told us they felt they were not supported by the manager. We discussed the mixed comments with the registered manager and provider. They said they could not understand how staff felt unsupported as they received regular supervision and were able to raise any concerns. The provider said they were surprised about this as staff at Cary Lodge never 'by-passed' the manager to talk to them, as they sometimes did in their other services. They agreed to look into this matter. Other staff members told us they felt well supported, could go to the manager about anything at any time. One staff member said 'The manager and deputy are really helpful'.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. A series of audits were undertaken by the registered manager and deputy manager. Audits included medicines, care plans, infection control and complaints. We saw that where issues had been identified action was taken to rectify the matters. Records were well maintained and stored securely.

We have made recommendations asking the provider to look at providing a more suitable environment and more suitable activities for people living with dementia.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People's medicines were managed safely.

People were protected from the risks of abuse. Robust recruitment procedures were in place.

Risks to people's health and welfare were well managed.

People's needs were met by ensuring there were sufficient staff on duty.

### Is the service effective?

Good ●

The service was effective.

Some aspect of the environment were suitable for people living with dementia, but further improvements were needed.

People received care from staff that were trained and knowledgeable in how to support them.

People were supported to maintain a healthy balanced diet.

People were supported to maintain good health.

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

Good ●

The service was caring.

People's needs were met by kind and caring staff.

People's privacy and dignity was respected and all personal care was provided in private.

People and their relatives were supported to be involved in

making decisions about their care.

### Is the service responsive?

Aspects of the service were not responsive.

Opportunities for social interaction were limited.

People's care plans were person centred, comprehensive and reviewed regularly.

People received care and support that was responsive to their needs.

People were confident that if they raised concerns these would be dealt with by the registered manager.

**Requires Improvement** ●

### Is the service well-led?

The service was well led.

The management was open and approachable.

There were effective quality assurance systems in place to monitor care and plan on-going improvements.

Records were well maintained and stored securely.

**Good** ●

# Cary 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 was 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 7 June 2016 and was unannounced.

Two Adult Social Care inspectors carried out the inspection.

Before the inspection we gathered and reviewed information we hold about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider.

During the inspection we met or spoke with 21 people using the service. We spoke with 7 care and ancillary staff, the registered manager, deputy manager and provider. We also spoke with one health care professional and two visitors. Following the inspection we received emails from four relatives and the local authority's quality support team.

We looked at a number of records including five people's care records, the provider's quality assurance system, accident and incident reports, three staff files, records relating to medicine administration, complaints and staffing rotas.

# Is the service safe?

## Our findings

During this inspection in June 2016 there were 33 people living at Cary Lodge. People had varying needs and many people were living with some level of dementia.

The environment was generally clean and well maintained. However, when we arrived we noted a strong smell of urine in the main lounge. This area was cleaned during the inspection and the smell was removed. We also noted some specific issues relating to potential trip hazards and fire safety. For example, there was a large indentation just inside the main door to the lounge. The first floor fire exit doors were not fitted with safety glass or film and one of the lower glass panels was cracked. Following the inspection we wrote to the Devon and Somerset fire service to ask for their advice about these matters. We discussed our concerns with the registered manager and provider who agreed to address the matters as a priority. Following the inspection we contacted the registered manager who told us the matters had been rectified. We also received a letter from the provider confirming their commitment to continually improve the environment.

Suitable equipment was in place to meet people's needs. For example, stand-aids, hoists, wheelchairs and lifts were available which helped people move around the service independently. Maintenance contracts were in place for the equipment, which was clean and had recently been serviced.

People were protected from avoidable harm and abuse as staff knew about different types of abuse. They knew how to recognise abuse, and told us what they would do if they thought someone was being abused within the service. Staff told us they were confident the registered manager would address any concerns they raised. Staff had received formal training on keeping people safe and one staff member told us "people are safe, everyone is well cared for they are like family". The registered manager was aware of their responsibility to report poor practice. They had taken appropriate action when concerns had been raised with them about the conduct of a member of staff.

People were protected from the risks associated with unsuitable staff because the registered provider had a robust recruitment system in operation. Staff were thoroughly checked to ensure they were suitable to work at the home. These checks included seeking references from previous employers and checking with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people.

Arrangements for identifying and managing risks were in place to keep people safe and protect them from harm. Risks to people's safety and wellbeing were assessed. For example, risks in relation to choking, nutrition, falls, pressure area care and moving and transferring were assessed and plans put in place to minimise the risks. For example, pressure relieving equipment was used when needed. Each person had their risk of choking assessed. Where people were at risk, there was information for staff on the consistency of food and fluid needed to minimise the risk. There was also information on how to recognise the person may be choking and what action to take should that happen.

Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid

and there were first aid boxes easily accessible around the home. Personal emergency evacuation plans were in place for people. These gave staff clear directions on how to safely evacuate people from the building should the need arise, such as a fire.

Accidents and incidents were recorded and each month the registered manager completed an audit. These audits included details of the person, where and when the accident happened and any action taken to reduce the likelihood of re-occurrence. This enabled the registered manager to identify any themes or trends.

On the day of inspection there were six care staff on duty during the morning. Care staff were responsible for meeting the day to day personal care needs of people. The registered manager and a number of ancillary staff such as kitchen and cleaning staff were also on duty. During the afternoon and evening staffing levels lowered as we were told people's care needs reduced during this time. Rotas showed this was the usual number of staff on duty. Staffing levels were determined by the needs of people living at the home and what activities were happening each day. We received mixed comments from staff about staffing levels. Two staff we spoke with felt there were not enough staff especially at weekends. Rotas showed that staffing levels for care staff were the same at weekends, but the manager was not on duty. Two other staff said they felt there were enough staff and one told us they had time to "Give people the care they need". We discussed staffing levels with the registered manager and provider who said they felt staffing levels were suitable to meet people's needs. They also said there was an 'on call' system for senior staff at weekends. For example, the previous weekend a senior member of staff had been called to help care for one person who had been taken ill. People told us they did not have to wait for their call bells to be answered. During the inspection we saw people's needs being attended to in a prompt manner. One visitor told us there were always enough staff on duty when they visited. Following the inspection one relative sent us an email. They wrote that their relative 'appreciates the sense of security that the staffing levels give her, especially at night time'.

People were supported to receive their medicines safely and on time. Medicines were stored safely. One person had their medicines prescribed to be taken when necessary (PRN). The Medicine Administration Records (MAR) for this person showed that they were taking the medicines on a regular basis. We discussed this with a staff member who said the person was given the medicine three times daily. They agreed to contact the GP to discuss whether the prescription should be changed to reflect the fact the person took the medicine on a regular basis. Some people received their medicines covertly (without them knowing). Where this was the case meetings had taken place to ensure it was in the person's best interest to receive the medicines. The local pharmacy had also been contacted to ensure the medicines would remain effective when administered covertly. Regular audits were undertaken, with the last being in May 2016. No issues were identified.

Throughout the inspection we saw staff wearing disposable gloves and aprons when required. We saw staff changed gloves and aprons when providing personal care to different people and when dealing with food. All bathrooms, toilets and corridors had sanitising hand gel, gloves and aprons available.

## Is the service effective?

### Our findings

People living at Cary Lodge had needs relating to living with dementia, mobility and general health. People received effective care and support from staff with the skills and knowledge to meet their needs. There was a comprehensive staff training programme in place and a matrix indicated when updates were needed. Staff had received a variety of training such as medicine administration, first aid and moving and transferring to help meet people's needs. They had also received more specific training relating to people's needs. This included caring for people living with dementia and pressure ulcer prevention. Staff told us the registered manager encouraged them to attend additional training.

The registered manager told us new staff undertook a detailed induction programme, following the Skills for Care, care certificate framework. The care certificate is an identified set of standards used by the care industry to ensure staff provide compassionate, safe and high quality care and support.

There was an effective system in place to ensure staff were putting their learning into action and remained competent to do their job. Staff received regular supervisions and annual appraisals. Supervision gave staff the opportunity to sit down with the registered manager and discuss all aspects of their role and their professional development. Supervisions were used to support and identify individual training and development needs by assessing people's skills. Staff we spoke with said they found this style of supervision very useful and it gave them the opportunity to discuss and identify any gaps in their knowledge.

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.

Staff had a clear understanding of the MCA and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. People living at Cary Lodge were able to make day to day decisions for themselves, but may not have the capacity to make more complex decisions about their health and welfare. Staff told us they always assumed people were able to make decisions for themselves and knew an assessment would be needed if they thought the person did not have capacity to do so. They were also aware that if a person had been assessed as not having the capacity to make specific decisions then meetings should be held involving relatives and professionals. This meant staff were aware of the need to ensure people had the capacity to make specific decisions or best interest meetings needed to be held.

Where people had been assessed as not having the mental capacity to make decisions, meetings had been held in order to decide what was in the person's best interest. For example, one person was living with a level of dementia that reduced their capacity to make decisions about their care. Records showed that discussions had been held between staff, relatives and professionals about whether it was in the person's best interests to receive their medicine covertly. It had been agreed that it was necessary to the person's

health to receive their medicine and therefore it was in their best interest to receive their medicines without their knowledge.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection six people had authorised DoLS in place, and applications had been made on behalf of the other people living there on a permanent basis. We saw that the conditions for one person's authorisation was that the 'least restrictive' option was used to keep them safe. Staff were aware of this and told us how they used different interventions when the person became anxious.

Staff were aware of the principles of the MCA legislation and that everyone was assumed to have capacity unless they had been assessed otherwise. Throughout the inspection we heard staff offering people choices. People were asked what they wanted to do and what they wanted to eat or drink. Staff told us that if people could not tell them what they wanted to eat, they would show them the food so the person could indicate their preference.

People were supported to have enough to eat and drink. We saw that one person had been receiving a fortified diet due to weight loss. A fortified diet is one where extra calories are added to meals. For example, fresh cream and butter may be added to mashed potatoes. The person had gained weight and discussions had been held with a dietician who had recommended the fortified diet be stopped.

There was a water dispenser and jugs of juice around the home for people to help themselves to. Staff frequently offered people snacks and tea or coffee. Meals were presented nicely and there was plenty of choice. Staff offered choice and did not assume what people would have. For example, we heard staff asking people what they wanted for breakfast. People told us "the food is tasty", "well cooked" and they had "plenty of choice". One relative told us that their relative's vegetarian diet was well catered for. The cook was aware of people's likes and dislikes and also held information on: People's allergies; specific diets; medication interaction with foods and fortified products which could be used instead of dietary supplements.

People were supported to maintain good health and had access to healthcare services where required. Records showed people had seen their GPs and health and social care professionals as needed. People told us they always saw their GP when needed. Following the inspection one relative wrote in an email '[Relative's] welfare is always monitored and any requirement for medical attention is always alerted to his GP. We spoke with the visiting 'Intermediate Care' nurse. They visited people who were at the service having been discharged from hospital, prior to them going home. They told us they had seen many examples of good practice at the service. For example, people who were at risk of tissue damage were always sat on pressure relieving cushions.

We walked around the building with the deputy manager. We looked at all communal areas and in some bedrooms. Generally the environment needed some attention as the building and decoration was very dated in places. Following the inspection the provider wrote to us telling us that they had planned to make improvements to the interior of the service this year. However, they had had to spend £30,000 making good the front of the building following rain damage. They outlined their commitment to 'constantly making improvements'.

All bedrooms had en-suite facilities which consisted of a toilet and a wash hand basin and were fitted with locks. All walls in the communal areas contained art work which had been loaned to the home as part of a scheme by Devon Art society. This scheme ensured there was a change of pictures around the service to provide stimulation for people living there. There was access to a large patio area from the main lounge. Staff told us people enjoyed sitting out there when the weather permitted.

The registered provider had given some thought to providing a suitable environment for people living with dementia, but further improvements were needed. Some bedroom doors had brightly coloured signs on them to help people identify their rooms. However, not all rooms had such signage. A large clock in the main lounge showed the correct date and time. However, the large clock in the main dining room showed an incorrect date and time. This could be very confusing for people living with dementia, as they would not recognise that the date and time were incorrect. There was some signage in place around the building to help people and visitors find bedrooms, the lift, the kitchen, bathrooms and toilets.

We recommend the provider sources further information on providing a suitable environment for people living with dementia.

## Is the service caring?

### Our findings

People and their visitors told us staff were very good and caring and all the interactions we saw between people and staff were positive. The atmosphere within the service was relaxed and very friendly. There was appropriate friendly banter between staff and people living at the home. Staff were seen supporting people in an easy, unrushed and pleasant manner. People said "[Cary Lodge is a] nice place to be, all staff are very pleasant and helpful" and "Staff are wonderful". One relative told us they were "Over the moon, can't fault them", when asked about their relative's care.

Staff were observed to be kind and patient. They walked with people at their pace and knelt down to be on people's level when chatting to them. Staff were mindful of people's needs. They offered plenty of fluids and snacks and discreetly asked if people needed help with personal care.

People's preferences were obtained and recorded during their pre-admission assessment. Staff demonstrated they knew the people they supported. They were able to tell us about people's preferences and personal histories. For example, staff knew what people liked to eat and when they liked to get up and go to bed.

Everyone had their own bedroom. People's privacy was respected and all personal care was provided in private. Staff knocked on people's bedroom doors and waited before they entered. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

We asked the registered manager for examples of when staff had gone 'above and beyond' when caring for people. They told us staff had taken one person to visit their spouse in hospital when they had found it difficult being apart. They also said that staff often did personal shopping for people in their own time.

Staff ensured people were supported to be comfortable and dignified at the end of their life. Nurses specialising in end of life care supported staff and people. The registered manager gave us examples of how staff caring for people at the end of their life gave their own time freely. They told us of one staff member who had spent the night sitting with people when they were not on duty. Another staff member had stayed with a person when not on duty as the person's family could not be with them. Staff arranged for a Catholic priest to visit one person to give them last rites. This was because they knew it was important to the person.

Not everyone living at Cary Lodge was able, or wanted, to be involved in planning their care and were happy for staff or their representatives to do that. Some care plans contained signatures of the person's representative indicating they were happy with the care provided. Visitors told us that they were always kept informed about their relatives care. Following the inspection we received emails from several relatives. One wrote 'The team at Carey Lodge are quick to contact a member of the family if my [relative] becomes unwell'. Another wrote '(Following an fall) They immediately put into place steps to ensure that the accident did not occur again and I was involved in every stage of the decision making about her care'.

Staff helped people to celebrate special occasions. Following the inspection one relative sent us an email. They wrote '[Relative] recently celebrated his 100th birthday and the staff did a wonderful job in decorating the home and providing a lovely cake and entertainment. [Registered manager] ensured that a table was beautifully laid up in [relative's] room for us to have lunch in.'

## Is the service responsive?

### Our findings

People received individualised personal care and support delivered in the way they wished and as identified in their care plans. People's needs were assessed before and while living at Cary Lodge. Care plans were developed following the assessments and contained good descriptions of people's needs. Care plans were being updated onto a computer system. Paper copies were held while all the information was transferred over. Staff told us people's care plans contained all the information they needed to be able to care for the person in the manner they wished. Care plans were reviewed regularly and updated as people's needs and wishes changed. For example, we saw that one person's care plan had been updated when their nutritional requirements had changed.

Staff responded to people in a sensitive manner. When people needed assistance with transferring from an armchair to a wheelchair staff reassured the person. They told them what was happening while the transfer was taking place. Staff had received training in caring for people who were living with dementia. One staff member told us the training helped them to remember that everyone living with dementia was different and couldn't all be cared for in the same way. Staff were careful to speak slowly and calmly and gave people time to process any information, good eye contact was also maintained. This showed us that staff knew how to care for people with dementia.

Staff were aware of people's needs and how they wished their needs to be met. This meant people received individualised personal care and support delivered in the way they wished. People confirmed that staff knew what their needs were and how they liked them to be met. Staff told us about one person who could become anxious and how they helped them become calm by talking to them about America. We saw one person helping out in the dining room during meal times. Staff told us this was important to the person as they liked to keep busy and this was good for their overall well-being and self-worth. One person told us how staff always ensured the patio doors in their bedroom were opened and closed at the times they wanted. One visitor told us when their relative's needs had changed the service had obtained a new chair for them to help them stop 'slouching' and to sit more comfortably. People's bedrooms were personalised with family photos, ornaments, furniture and treasured possessions, which were meaningful to them.

During the inspection we spent some time in the lounge observing interaction between staff and people living at the service. We saw people were relaxed and some staff interacted well with people. We also observed some staff taking time to speak with people individually. However, much of the interaction was task centred and consisted of staff asking people if they needed drinks or help with personal care.

Opportunities for social interaction were limited. There was a regular programme of group activities. A list was displayed around the home and included crafts, sing-alongs and exercises. On the afternoon of the inspection people were taking part in a craft session. The main lounge contained a variety of games, magazines, books, jigsaw puzzles, dolls, knitting and games. However, we saw little evidence that people were encouraged to use these items.

Care plans did not contain individual activity plans to ensure people had meaningful activities to promote

their wellbeing. Information about the person's life, the work they had done, and their interests was limited so could not be used to develop individual ways of stimulating and occupying people.

We recommend the provider finds ways to improve the level of social interaction and meaningful activities within the home.

Regular meetings were held for people and their relatives. These meetings gave people an opportunity to discuss issues and be given information by the provider. Visitors told us they valued the meetings and following the inspection one relative wrote to us and said 'When a meeting is held for relatives it is obvious that a lot of prior preparation has been done in terms of collating information and presenting it in an easy to understand format'.

The registered manager took note of, and investigated any concerns raised. They told us they viewed all complaints as positive things as it allowed them to reflect on their practice and make changes to the quality of care they provided. We looked at the complaint file and saw that where complaints had been received they had been responded to appropriately and action had been taken when needed. For example, one complaint related to the attitude of the staff member when concerns were originally raised. The registered manager had taken action to ensure the staff member reflected on their approach and understood that all concerns must be taken seriously. The complainant had responded to say they were happy with the action taken.

People told us they felt able to raise any concerns and said they would speak to staff if they needed to. However, they told us they had never had to make a complaint.

## Is the service well-led?

### Our findings

Cary Lodge is owned and run by Beechcroft Care Homes Ltd who own three other services in the local area. There was a staff management structure in place to maintain the running of the home. The registered manager was supported by a deputy manager and other senior staff. The provider also spent time in the service on a regular basis. Following the inspection several relatives wrote to us. They wrote 'We believe that the management of Cary Lodge is good and very hands on. They are very engaged with the family and keen to receive feedback both good and bad to ensure that Cary Lodge is a well-run care home with residents at the centre of their priorities', 'The owners, who I see when they are making visits to the Home, and the management team are very approachable and over the years have kept me informed about any impending changes' and 'I am very happy to recommend the home to other relatives and I enjoy my visits to the home as I believe it to be well run, very caring and very effective in its care and respect for everyone concerned'. One visitor told us the service had "Made a hard decision (finding a care home for their relative) easier".

However, we received mixed comments from staff about how well supported they felt. Some staff told us they felt they were not supported by the manager. Other staff members told us they felt well supported, could go to the manager about anything at any time and could make suggestions. One staff member said 'The manager and deputy are really helpful'. One staff member told us they had made suggestions about different types of activities that could be provided to people. Some of these were being provided. We discussed the mixed comments with the registered manager and provider. They said they could not understand how staff felt unsupported as they received regular supervision and were able to raise any concerns. The provider said they were surprised about this as staff at Cary Lodge never 'by-passed' the manager to talk to them, as they sometimes did in their other services. They agreed to look into this matter.

Several staff told us how much they enjoyed working at the service. One staff member told us they felt the service was a 'Relaxing place, where people were treated with respect'. Another staff member told us there was a good staff team who all helped each other.

There were systems in place to assess, monitor, and improve the quality and safety of care. A series of audits were undertaken by the registered manager and deputy manager. Weekly and monthly checks were undertaken. A full health and safety audit was completed on 6 June 2016 which looked at training, documentation and accident and incident records. Other audits included medicines, care plans, infection control and complaints. We saw that where issues had been identified action was taken to rectify the matters. For example, one care plan had needed updating to reflect the person's change in needs, the cooker hood had needed cleaning and the hand washing sink in the kitchen had needed a thermostatic valve fitted. We saw that all the matters had been addressed. However, the issues we identified with the environment had not been picked up by the audit systems.

Quality assurance questionnaires were sent out each year. The latest survey was carried out in January 2016. An issue with the laundry had been identified. People's clothes were not always put into the right rooms. Following this survey a laundry assistant had been employed to work each day to address the matter.

The registered manager told us they kept their knowledge of care management and legislation up to date by using the intranet and the Care Quality Commission's website.

Records were well maintained. They were accurate and complete and recorded the care provided. All records we asked for were kept securely but easily accessible.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.