Care Quality Commission

Country Lodge Nursing Home Limited

Country Lodge Nursing Home

Inspection report

Cote Street, High Salvington,
Worthing, West Sussex BN13 3EX
Tel: 01903 830600
Website: www.countrylodgenursing.co.uk

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Ratings

Overall rating for this service	**Good**
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 20 and 22 January 2015 and was unannounced.

Country Lodge Nursing Home is a care home with nursing. The people living there are mostly older people with a range of physical and mental health needs such as Parkinson's disease, multiple sclerosis or stroke. Some people at the service are living with dementia. The home is part of an old Sussex barn dating back to around 1805 and is located within the South Downs National Park. It has been converted to offer accommodation for up to 25 people; at the time of our visit there were 21 people living at the home. There is a large communal sitting room and dining room , landscaped gardens and many bedrooms have ensuite facilities.

The service has a registered manager. 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.

People felt safe and staff had been trained and knew what to do if they suspected abuse was taking place.

Summary of findings

Risks to people were assessed appropriately and were reviewed monthly to ensure care was delivered safely. People at risk of pressure ulcers had been assessed and advice sought from healthcare professionals such as a tissue viability nurse. Accidents and incidents were recorded and action taken to address any concerns. Plans were in place so that people were supported in the event of an emergency. Staffing levels were sufficient and there were more care staff on duty in the mornings so that people's needs could be met appropriately. The service followed safe recruitment procedures and new staff were vetted to ensure they were safe to work with people. Medicines were ordered, administered and stored securely. MAR (Medicine Administration Records) charts were completed by staff appropriately and registered nurses trained to administer medicines.

People had sufficient to eat and drink and spoke highly of the meals at Country Lodge. They had been assessed against the risk of malnutrition and were weighed at least monthly. Special diets were catered for and the advice of a healthcare professional was sought where required. People had access to healthcare professionals and services. Staff received essential training and were encouraged to take additional qualifications. Nursing staff received additional, specialised training. Staff had regular supervision meetings with their manager and team meetings were also in place for staff to discuss any issues or concerns. Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and the registered manager was organising some dedicated training on this topic. No-one at the service had their freedom restricted and no-one was subject to the requirements of the Deprivation of Liberty Safeguards (DoLS).

Caring relationships had been developed between people and staff. Staff were friendly and engaged with people throughout the day and they knew people well. People's spiritual needs were catered for and clergy would visit the service in line with people's personal preferences. People were encouraged to be involved in decisions about their care. Where people had difficulty in communicating verbally, the service had made arrangements to meet their particular needs. Relatives and friends could visit at any time and could stay for a meal if they wanted. People's privacy and dignity were promoted and staff demonstrated how they would care for people in a sensitive and caring way. Nursing and care staff knew how to care for people as they reached the end of life and in line with people's wishes. The registered manager had sought advice and organised special training on end of life care for nursing staff.

People felt they were listened to by staff and were encouraged to be independent as much as possible. Care plans contained detailed information for staff on people's daily care needs. Information had been recorded in risk assessments and in daily records so that care was planned holistically and delivered to ensure people's safety and welfare. People were encouraged to participate in a range of daily social activities and the service organised a summer garden party and Christmas event every year. The service dealt with complaints promptly and in line with the provider's policy.

People were involved in developing the service and residents' meetings were held twice a year. When potential new staff were shown round the service, people could meet with them and have a chat. Questionnaires were sent to people and their relatives to ask for their views about the service, any concerns and any suggestions they wanted to make. Staff were supported to question practice and were happy in their work. Staff meetings were held every three to six months and staff felt the owner was fully involved in all aspects of the service. The registered manager felt supported by the owner and had helped to develop a positive, open culture and high quality care that was delivered in a homely environment. There were systems in place to audit the quality of the service and regular audits had been undertaken.

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 felt safe and staff were trained to recognise when potential abuse was taking place and what action to take.

Risks to people were assessed and managed appropriately.

Medicines were ordered, administered by trained staff and stored securely.

Good

Is the service effective?
The service was effective.

Meals were freshly cooked and people enjoyed their food. People were weighed at least monthly and assessed against the risk of malnutrition.

Staff received essential training and had regular supervision meetings.

Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and its requirements.

Good

Is the service caring?
The service was caring.

Staff knew people well and engaged with them in a kind and caring way. Friends and relatives could visit at any time.

Where people had difficulty in communicating verbally, the service had made arrangements to meet their needs.

Staff had been trained in end of life care and cared for people in line with their wishes.

Good

Is the service responsive?
The service was responsive.

People felt they were listened to and were encouraged to be as independent as possible.

Care plans provided comprehensive information for staff so that people's care needs were met.

Social activities were organised for people and a summer garden party and Christmas event was held every year.

Good

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

People were involved in developing the service and residents' meetings were held. Questionnaires asked for their views about the service and that of their relatives.

Staff had regular team meetings and felt supported in their work.

The service had robust quality assurance processes in place to measure and monitor the standards of the service.

Good

Country Lodge Nursing 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 20 and 22 January 2015 and was unannounced.

An inspector undertook this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people, relatives and staff. We also spent time looking at records including four care records, four staff files, medication administration record (MAR) sheets and other records relating to the management of the service. We contacted local health and social care professionals who have involvement with the service, to ask for their views.

On the day of our inspection, we spoke with four people using the service, one relative and one friend of a person using the service. We spoke with the provider, the registered manager who is a registered nurse, the deputy manager who is also a registered nurse, a senior care assistant and two kitchen staff.

This service was previously inspected in October 2013 and there were no concerns.

Good

Is the service safe?

Our findings

People told us that they felt safe and that they were protected from abuse and harm. One said, "Yes, I feel very safe" and another told us, "They keep you safe, always support you". A relative felt their family member was safe. Staff had received safeguarding in adults at risk training and were able to name the different types of abuse and gave examples of physical, sexual or emotional abuse. They said they would report any concerns to the registered manager, who would then report any concerns to the local safeguarding authority. The registered manager said that staff were encouraged to challenge poor practice and she supported staff to do this. She told us, "We are the front line, we know what's acceptable and what's not".

Risks to people and the service were managed so that people were protected and their freedom was supported and respected. Risk assessments were in place for a range of needs, for example, moving and handling, mobility and skin integrity. Where people were at risk of pressure ulcers, they had been assessed as to whether they were at a low, medium or high risk. Equipment such as air flow mattresses were in place for people who were at risk. Turning charts had been completed appropriately for people who were cared for in bed and therefore at risk of developing pressure ulcers. A tissue viability nurse (TVN) provided advice and support to the service and registered nurses had received wound care training. The registered manager told us that the service constantly reviewed and assessed risks and any issues were dealt with straightaway, with input from other health professionals if required. Risk assessments were reviewed on a monthly basis, or as needed, and care plans updated to reflect any changes that had been identified. Staff knew how to deliver people's care because plans were in place that detailed the care needed and equipment required.

Accidents and incidents were recorded. Records showed the date the accident or incident occurred, the person affected, whether it had been reported under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR), any medical treatment required, the outcome and action taken to minimise future risk. For example, one person had sustained a fracture after a fall and, following medical treatment and discharge from hospital, the service bought a sensor mat which monitored when she got out of bed. The sensor mat was used with her permission. There were arrangements in place for continuous reviewing of safeguarding concerns, accidents, incidents and pressure ulcers which ensured that themes were identified and necessary action taken.

Personal emergency evacuation plans (PEEPs) were in place for people which showed the arrangements and actions to be taken by staff to support people in the event of an emergency or fire. Staff had received training in fire safety.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. Staffing levels were assessed, monitored and sufficient to meet people's needs. There was a minimum of one registered nurse on duty at all times and often two registered nurses, since the registered manager and the deputy manager were also registered nurses. Staffing levels were assessed according to people's personal care and nursing needs. The deputy manager said that the service did not generally use agency staff, as staff employed by the service were flexible and could cover any gaps when people were off sick or on holiday. The deputy manager told us that there were always more care staff on duty in the morning which was a busy time of day. She said that they could also undertake additional tasks, for example, if people wanted their nails painted.

The service followed safe recruitment practices. New staff had Disclosure and Barring Service (DBS) checks undertaken and two references had been obtained, together with photo ID. This ensured that people were protected against the risk of unsuitable staff being recruited to the service.

People's medicines were managed so that they received them safely. We observed medicines being administered during the lunch period by the registered manager. She explained to people what the medicines were for and how often they needed to be taken. She also checked with people if they required any analgesia to help with pain relief. Medication risk assessments had been completed and showed whether people administered their own medicines or needed support to do this. Where people had been identified as having an allergy to a specific medicine, this had been recorded within the risk assessment. All registered nurses had received training in the administration of medicines. Care staff did not administer medicines, but did countersign the Medical Administration Record (MAR) sheets, which ensured people were given their prescribed medicine and correct dosage. Medicines

Good

Is the service safe?

were stored in locked trolleys which were secured in the registered manager's office. Controlled drugs were kept in a cupboard that met legal requirements. Controlled drugs are drugs which are liable to abuse and misuse and are controlled by the Misuse of Drugs Act 1971 and misuse of drugs regulations. Medicines that were required to be refrigerated were stored separately in a fridge dedicated for the purpose. Temperature readings were recorded daily to ensure that medicines were kept in a stable condition. A local pharmacy had supplied the MAR charts and blister packs and also provided photo ID for people so that staff could easily identify which medicines to administer to each individual. Medicines were ordered for people in a timely way. There was a protocol in place for PRN (medicines to be taken as required). Liquid medicines were supplied by the pharmacy for people who had difficulty swallowing tablets.

Good

Is the service effective?

Our findings

People were supported to have sufficient to eat and drink and maintain a balanced diet. One person told us, "They ask me what I'd like for lunch. The food's fantastic". Another person said, "I thoroughly enjoy it. I'm looking forward to lunch". A relative said that Christmas lunch was, "Fantastic, like a 5-star hotel, with all the trimmings". Food was freshly cooked every day and people were asked for their lunchtime menu choice earlier in the morning. People could either eat their meals in their room or could choose to eat in the dining room. At inspection, there was a choice of steak and kidney pie, poached fish or omelette on offer, with treacle tart to follow.

People were enjoying their lunch and were given support by care staff where needed. Staff engaged people in conversation as they worked. For example, one member of care staff was chatting with one lady about the magpies in the garden and that they had seen a woodpecker recently. People were offered the choice of whether to wear an apron or not. One care assistant said, "Shall we put an apron on? It will protect your jumper won't it?" There were ten people eating their lunch in the dining room and it appeared to be a pleasurable, relaxed experience. Tables were laid nicely and there was a little vase of fresh flowers on each table. There was a choice of drinks on offer and some people had opted to have a sherry or lager. People's needs were anticipated. For example, one lady was offered more gravy and others were offered second helpings when they had finished. One person dropped their pudding bowl on the floor and was quickly reassured by staff as they retrieved the bowl. At the end of the meal, people were asked where they wanted to go next, either back to their room or to the sitting room.

People had been assessed against the risk of malnutrition. They were weighed at least monthly and food and fluid charts were completed by care staff so that people's intake could be monitored. Specialist diets were catered for, such as for vegetarians and people's food preferences were known by the kitchen staff. For example, one lady did not like kidney in the pie, so was given a portion without kidney. Some people had difficulties with swallowing and so food was cut up very small or pureed. The service had received advice from the speech and language therapist where needed. A speech and language therapist (SALT) was asked for their feedback and they said, 'The service they provide is safe in terms of the resident's swallowing. They [the service] prefer to speak to us before making any changes to anybody's eating and drinking regime. They always put our recommendations in place and take on board any suggestions'. The SALT described a situation where the service asked for a reassessment of one person's swallow to see if their diet could be upgraded, thereby allowing them more variety of food and textures.

People were supported to maintain good health and had access to healthcare professionals and services. Care records, including nursing records, showed when people had visited healthcare professionals or when a GP, for example, had visited them at the service. The record gave information about who had been consulted, the outcome and action that needed to be taken. People had access to a wide range of professionals, for example, GP, dentist, dietician, physiotherapist, chiropodist and had annual health checks. A relative confirmed that their family member had recently received a visit from a chiropodist who came regularly.

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. Staff received essential training including moving and handling, first aid and infection control. Care staff were encouraged to take, or had already achieved, a National Vocational Qualification (NVQ) in Health and Social Care, Level 2. One member of staff told us that she was hoping to study for an NVQ or Qualifications and Credit Framework (QCF) at Level 3 and had received additional training in diabetes awareness. Dementia awareness training was in the process of being organised for staff at a local college. The registered manager was sourcing a range of training for staff, including mental capacity awareness training, from a local training company. Registered nurses received additional, specialised training and had accessed NHS courses and updates and training records confirmed this. They had also attended training delivered by a local hospice.

There was a resource file for staff in one of the communal areas which they could easily access. This provided information for staff on a range of topics such as modification and thickening of fluids for people with swallowing difficulties (dysphagia), nutrition related problems for older people and a 'flu pandemic action plan. There was also a separate file providing information to staff about dementia care. A member of care staff thought there

Good

Is the service effective?

was enough training and said, "If I have any questions, I can go to the registered manager or the deputy manager, if I don't understand anything". New staff received a copy of the provider's employee handbook which provided information on the service's policies and procedures.

Staff had regular face-to-face or supervision meetings with their manager. Staff told us that ideally they would have supervision meetings every three to four months, sometimes more frequently, if issues were raised. Some staff had not always had regular meetings, however, there were other opportunities for staff to discuss their work and development, such as at team meetings. One member of staff said she loved working at the service, that it was a "Small home environment" and "Everyone supports each other really well".

Not all staff had received training on the Mental Capacity Act (MCA) 2005, however, the registered manager was in the process of organising this. There was information about the MCA 2005 posted on a staff noticeboard. Staff were aware of the need to ask people for their consent before delivering personal care and said they always presumed that people did have capacity to make decisions. A nurse described how people might not always be able to give verbal consent. She gave an example whereby she asked a person's permission to take a sample of blood from them. The fact that this person put their arm out indicated their consent to have their blood taken. If a person refused consent, then staff would think of an alternative strategy. For example, they might contact a relative or hold a best interest meeting which is where staff, professionals and relatives would get together to make a decision on the person's behalf. The registered manager told us that no-one at the service had their freedom restricted under the Deprivation of Liberty Safeguards (DoLS) legislation.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. One person told us, "Care is very good here. Staff are all very nice and very helpful. I can't fault any of them. They're ready to do anything for you". Another person referred to staff and said, "They've got to be special to work in care". He went on to say, "It's always nice and warm and cosy and I've got this room to myself" and added, "You wouldn't better this, not in my eyes anyway". During lunch, staff were engaged with people and provided them with support that was unobtrusive and friendly. Where people chose to stay in their rooms, staff would stop and have a quick chat as they passed the door or would smile and wave. A relative talked about staff and said, "I haven't seen one without a smile; they're really on the ball". One person, who moved to the service, had been missing his family pet and his relatives were encouraged to bring his dog in for a visit

Staff knew the people they cared for, including their preferences and personal histories. A 'personal profile' had been drawn up for every person at the service. This described their personal preferences, their likes and dislikes and their life story. Where people had no relatives involved with their care, then the registered manager would find out as much as possible from other people who knew them well, for example, a GP. Care was personalised and care plans reflected this. For example, what time people wanted to get up, their favourite TV programmes and their preferred name.

People's spiritual needs were catered for and their religious preferences formed part of their pre-admission assessment. Two people received Holy Communion and a priest or reverend would visit them regularly at the service; some people enjoyed going to church. There had been a Christmas Carol concert organised in December and the local church officials supported this. People could choose whether or not they wanted to attend this event.

People were supported to express their views and were actively involved in making decisions about their care, treatment and support. One person felt that they had been involved in all aspects of their care, including the planning of their care. She told us that she had only moved to the service quite recently and that both she and her daughter had been fully involved in the transition. A few people had authorised their relatives or friends to be their Lasting Power of Attorney (LPA) and the service had documented this in their care records. Where people had difficulty in communicating verbally, the service had made arrangements. For example, in the past, an alphabet board had been organised for one person with motor neurone disease. She could then point to the letters to make up words and staff told us that they needed to be patient and kind and allow her time to communicate and be listened to.

Relatives and friends were able to visit without undue restriction. One friend who was visiting told us, "Staff are very caring as far as I can see. I'm sure I would know if things weren't quite as they appeared to be". Relatives could stay and have tea or coffee or have a meal with their family member and they were not charged for this.

People's privacy and dignity were promoted. One person described how she was treated with respect and dignity. She said that staff would get her up at lunchtime (her choice) and said, "I can't fault it at all. If I had a fault, I would say". A care assistant said that when she was providing personal care, she would shut the door and curtains. One person was pulling up her skirt in the sitting room and care staff gently tidied her up and spoke reassuringly to her.

People's preferences and choices were respected for their end of life care. One person's nursing record documented their wishes and whether they wished to receive Cardiac Pulmonary Resuscitation (CPR) in the event of an emergency. She was fully involved in making decisions and had been able to dictate her wishes through an amanuensis or scribe. A nurse told us that it was important to select the right time to ask people and their families what their end of life wishes were. Some people had chosen particular music that they liked to listen to. Staff said, "People can express their wishes and have control", whether they wanted to stay at the service or be admitted to hospital. The local hospice had provided staff with a lot of advice and support and organised end of life training for nursing staff. A clinical nurse specialist from the hospice wrote, 'I've been into Country Lodge a few times and have no concerns. The staff appear friendly and caring. They appear to respond well to the needs of patients in their care that have been known to me and have always contacted me for advice re: symptoms, if they have concerns'.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. One person said, "If you tell them [staff] anything, they take it on board straightaway. They always squat down to talk to me". People were supported to be as independent as they wanted to be. A member of care staff said, "I encourage them to wash themselves and explain what I'm going to do, step-by-step". People were encouraged to personalise their rooms to reflect their individual tastes and many had family memorabilia in the form of pictures and photos. A relative said that their wife's room had been personalised to meet her needs and that it was, "Just what she wants" to meet her physical disability and sensory impairment needs.

Care plans provided staff with comprehensive information about people's daily care needs. There was information on people's needs across a range of areas, for example, communication, continence, personal hygiene, nutrition, night care plan, sleep pattern and mental stimulation. One record stated that the person, 'Always enjoys family visits, sometimes feels lonely and frustrated'. The record then showed the leisure activities and hobbies that the person was interested in and he had been asked about the activities he liked and activities he would like to try. The care plan had assessed what would happen if he was not provided with mental stimulation and stated, 'risk of boredom and isolation'. There was an action plan in place which stated, '[Name of person] is a very sociable person who requires company, thrives on communicating and interacting with others. Likes the daily paper. Then action for staff which stated, 'Offer 1:1 and group interaction when possible. Friends and family to be encouraged to visit.' Staff were engaged in conversation with this person in the sitting room on the day we inspected.

The care plans were supported by risk assessments and these were reviewed monthly by nursing and care staff. Daily records were kept which documented how people had been cared for and looked after each day. Any accidents or incidents were also recorded in the daily records. For example, if a person had sustained a fall, then the daily record would contain a copy of the body map which recorded the site of any injury, a wound assessment chart and a falls risk assessment. This ensured that care staff were kept fully aware of anything that impacted on the care they delivered. A review of care plans identified that people's care and treatment was planned and delivered in a way that was intended to ensure their safety and welfare.

People were supported to follow their interests and take part in social activities. As well as Christmas Carols, the service organised a big garden party every summer. People were encouraged to join in and their relatives and friends were also invited. Staff could bring along their families. The kitchen staff organised a buffet and BBQ and a band provided musical entertainment. One person said they preferred not to be involved in any activities and said, "But I can hear what's going on. I get visitors here. Everyone passes, waves and chats". There was a range of activities available to people at the service, for example, Bingo, quiz, hand massage and exercise classes. On the day of our inspection, a guitarist came in, sang songs and reminisced with people; it was a lively event. He asked people, "Where do you want to visit in the world?" One person said, "Florida". The guitarist said he had visited many places in the USA, but had never been to Florida. He then sang 'America', a song recorded by Simon and Garfunkel and people appeared to enjoy this. He then went on to involve people in more discussion about America, for example, by asking them whether they knew what a Greyhound was. (People did, then went on to chat about Greyhound buses and places they would like to visit.)

The service routinely listened and learned from people's experiences, concerns and complaints. There was a complaints policy displayed in the reception area at the service. One person told is that if she had a complaint, she would go to the registered manager and said, "I would ask right away about things". Everyone received written information about the service's procedure for handling complaints, comments and compliments. One person told us, "I haven't made a complaint" and then said that if he wanted to voice any concerns, "I would press the bell". Another person said that they would talk with the registered manager or with the owner. A relative said that he had never had to complain, but that if he did, he would go to the registered manager, "Who is very approachable". Written complaints were acknowledged promptly, then the issues raised were investigated and action taken. Issues relating to complaints were also discussed at staff meetings, so that lessons could be learned. Staff told us that complaints could usually be dealt with informally and said they would speak directly with the person and meet

Good

Is the service responsive?

with their relatives. The owner told us that he would be involved in any formal complaints that had been raised, to help reach a speedy outcome to the satisfaction of all concerned. There was a suggestion box where people could post written messages, however, this did not tend to get used.

Good

Is the service well-led?

Our findings

The service promoted a positive culture that was person-centred, open, inclusive and empowering. People were actively involved in developing the service. Residents' meetings were held twice a year and people were encouraged to discuss things that mattered to them. For example, they were involved in food choices that would inform the menus. One residents' meeting had requested a pathway in the garden that was accessible for wheelchairs and raised flowerbeds so people could do gardening more easily. Arrangements had been put in place by the owner to make the garden more accessible. People confirmed that residents' meetings did take place. One said, "Yes, but I don't get involved" and that he saw the owner so regularly, he could chat to him instead. Another person seemed unsure as to whether she knew about residents' meetings and said that she preferred to stay in her own room. She said that there was nothing she would like to change about the service and stated, "It's quite good as it is really".

Questionnaires were also sent to people and relatives were invited to contribute their views. The last questionnaire had been circulated in November 2014 and eight completed questionnaires had been returned. People were asked what their favourite things were about the home. Responses stated, 'the view from the dining room and lounge' and 'warm, cosy, good food, good girls[staff]'. There was nothing that people wanted to change, although they were asked for any suggestions.

People met with potential new staff as they were shown around the service and could chat with them in the communal areas. The owner had plans to hold an open day in the spring to market the home and people would be participating in this event, if they chose to. The owner had thought about an exhibition, with photos and art work and that people from the local community, including the mayor, would be invited. He said that this was a new experiment and would probably be in the form of an afternoon or evening event.

Staff were supported to question practice and were aware of the provider's whistleblowing policy. Staff were generally happy in their work. One said, "It's just a nice, relaxing home to work for" and added, "It's a nice home, all the staff are friendly and approachable, regardless of whether a senior or an RN [registered nurse]". Another staff member told us, "We need to make sure lines of communication are kept open, that people's likes are recorded and staff know about them".

The service demonstrated good management and leadership. Staff meetings were held between every three and six months and there were separate meetings for senior care staff, nurses, housekeeping and kitchen staff. One care assistant told us that a range of issues would be discussed such as residents' care, food, training and equipment. She said that she had asked for new slings for a hoist and that these had been delivered. She told us that the owner was at the service every day and said, "He knows what's going on and is very approachable". People and staff felt that the owner was fully involved and knowledgeable about all aspects of the service. A member of staff said, "It's a friendly atmosphere. You couldn't ask for a better boss – we all muck in together".

The registered manager felt that the culture of the service was, "Very open, calm and friendly. It's a home with nursing, we do everything professionally. It's a nice atmosphere, people and staff are happy. We respect everyone's wishes. We communicate well with people and relatives; we always do the best we can". A speech and language therapist emailed us and said, 'They take a proactive approach. The nurse in charge always knows what is happening with her residents. The manager and deputy manager appear to be effective leaders'.

The service delivered high quality care. One person confirmed this and said, "It's lovely, it's peaceful here". Another person told us, "I think they're lovely people, it's a family. I don't think you could choose a better place quite frankly". A relative had written in a Christmas card, 'Words can't say how grateful we are for the love and care you are giving my mum and how kind you are to us'. A friend of a person at the service told us, "I can't recommend this place more highly" and said they had visited three other homes, prior to admission of the person they supported to Country Lodge. The friend said, "We walked in and thought, 'this is it'. They seem to be able to cope so easily. I have nothing but admiration for them". The registered manager told us, "We promote it as a homely environment and we provide personalised care. It's home from home, which is good because it is their home and we want residents to feel that way".

Good

Is the service well-led?

There were robust quality assurance and governance systems in place to drive continuous improvement. The service had adopted the Registered Nursing Home Association's quality audit system and this provided the registered manager with a range of templates that addressed a variety of areas, for example, infection control and health and safety. The registered manager completed a detailed infection control audit annually which identified that good practice was being followed. Accidents and incidents were analysed on an annual basis and showed that any patterns or trends had been recognised and appropriate action taken.

The owner told us that he was proud of what had been achieved and said, "We've improved things over the last 13 years and made big improvements. For example, we've got profiling beds, new furniture, carpets and curtains. We've improved the environment. There used to be three rooms en-suite, now there are 13". A friend of a person living at the service said, "This is a perfect nursing home from our point of view. Here she's got going, her health has improved because of the diet and care".