Dr & Mrs P P Jana

Fort Horsted Nursing Home

Inspection report

Primrose Close
Chatham
Kent
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Tel: 01634406119

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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

Summary of findings

Overall summary

We carried out this inspection on the 27 November and 3 December 2015, it was unannounced.

Fort Horsted is a nursing home providing accommodation for up to 30 people, some of whom are living with dementia and require nursing and personal care. All accommodation is arranged on the ground floor. The home is located in a residential area of Chatham, Kent. At the time of the inspection, 27 people lived at the service.

The service had 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.

There were sufficient numbers of staff to meet people's needs. Staff were available throughout the day, and responded quickly to people's requests for help. Staff had the knowledge and skills to meet people's needs, and attended regular training courses. Staff were supported by the registered manager and felt able to raise any concerns they had or to make suggestions to improve the service for people.

People demonstrated that they were happy at the service by smiling and chatting with staff who were supporting them and greeting the manager warmly. Staff interacted well with people, and supported them when they needed it.

Staff were recruited using procedures designed to protect people from unsuitable staff. Staff were trained to meet people's needs. They met with the supervisor and discussed their work performance at one to one meetings and during annual appraisal, so they were supported to carry out their roles.

People were protected against the risk of abuse. People told us they felt safe. Staff recognised the signs of abuse or neglect and what to look out for. Both the registered manager and staff understood their role and responsibilities to report any concerns and were confident in doing so.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made. They were aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

There were risk assessments in place for the environment, and for each person who received care. Assessments identified people's specific needs, and showed how risks could be minimised. There were systems in place to review accidents and incidents and make any relevant improvements as a result.

People and their relatives were involved in planning their own care, and staff supported them in making

arrangements to meet their health needs. Nursing staff carried out on-going checks of people's health needs, and contacted other health and social care professionals for support and advice.

Nursing staff managed and administered medicines for people. Medicines were administered, stored, and disposed of safely. People received their medicines as prescribed.

People were provided with a diet that met their needs and wishes. Menus offered variety and choice. People said they liked the food. Staff respected people and we saw several instances of a kindly touch or a joke and conversation as drinks or the lunch was served.

Staff encouraged people to undertake activities and supported them to become more independent. Staff spent time engaging people in conversations, and spoke to them politely and respectfully.

The providers and the registered manager investigated and responded to people's complaints. People knew how to raise any concerns and relatives were confident that the registered manager dealt with them appropriately and resolved them where possible.

There were systems in place to obtain people's views about the service. These included formal and informal meetings; events; questionnaires; and daily contact with the registered manager and staff.

The providers and registered manager regularly assessed and monitored the quality of care to ensure standards were met and maintained. The providers and registered manager understood the requirements of their registration with the Commission.

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 received their medicines as required and prescribed.

People told us that they felt safe living in the service, and that staff cared for them well.

Staff were recruited safely.

Staff had received training on how to recognise the signs of abuse and were aware of their roles and responsibilities in regards to this.

Is the service effective?

Good

The service was effective.

People said that staff understood their individual needs and staff were trained to meet those needs.

The menus offered variety and choice and provided people with enough to eat and drink to maintain their health and wellbeing.

Staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Staff ensured that people's health needs were met. Referrals were made to health and social care professionals when needed.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

Staff were supportive, patient and caring. The atmosphere in the service was welcoming.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs

and preferences.

Is the service responsive?

Good

The service was responsive.

People were given information on how to make a complaint in a format that met their communication needs.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people.

People were supported to maintain their own interests and hobbies. Visitors were always made welcome.

Is the service well-led?

Good

The service was well-led.

The home had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

Staff told us they found their registered manager to be very supportive and felt able to have open and honest discussions with them through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided.

Fort Horsted 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 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 the 27 November and 3 December 2015, it was unannounced. The inspection team consisted of an inspector, an expert by experience and their support assistant.Our expert had experience of health and social care services.

The registered manager was available and supported the inspection process. We spoke with seven people, and three relatives. We looked at the personal care records and support plans for five people. We looked at the medicine records; activity records; and five staff recruitment records. We spoke with the registered manager, two nurses and four care staff, and observed the care interaction and staff carrying out their duties, such as giving people support at lunchtime.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks for some key information about the service, what the service does well and improvements they plan to make. We sought the views of health and social care professionals who visited the home.

Before the inspection we examined previous inspection reports and 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 provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

At the previous inspection on 4 March 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the service. People commented, "I feel comfortable here. I would rather be at home and somewhere else, but I know that the staff look after me and my family know I am safe here", and "I am safe and well looked after by the staff".

Relatives felt that their loved ones were safe, one said, "I feel comfortable knowing everything is on one level and staff are quick to attend. I also feel that staff involve me in planning care and I am welcome at any time. This makes my family member feel safe and valued".

There were enough staff to care for people safely and meet their needs. People said, "There are always staff around, and they are quick to help me when I need assistance", and "The staff always come when I ring the bell". The registered manager showed us the staff duty rotas and explained how nurses and care staff were allocated to each shift. The rotas showed there were sufficient staff on shift at all times. The registered manager told us if a member of staff telephones in sick, the person in charge would ring around the other members of staff to find cover. Agency staff were used as necessary to make sure that there were sufficient staff on duty to meet people's needs. This showed that arrangements were in place to ensure enough staff were made available at short notice. The registered manager told us staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly.

The provider operated safe recruitment procedures. There was a recruitment policy which set out the appropriate procedure for employing new staff. Staff recruitment records were clear and complete. This enabled the registered manager to easily see whether any further checks or documents were needed for each employee. Staff told us they did not start work until the required checks had been carried out. These included proof of identity checks; satisfactory written references; a Disclosure and Barring Service (DBS) criminal record check; and proof of qualifications obtained. Nurses were required to confirm that their nursing 'PIN' number was up to date, and provide confirmation of their qualifications. These processes help employers make safer recruitment decisions and helped prevent unsuitable staff from working with people who use care and support services. Successful applicants were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people.

Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff were trained and had access to information so they understood how abuse could occur. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff spoke confidently about their understanding of keeping people safe. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. Staff were aware that people living with dementia may not always be able to recognise risk or communicate their needs. Staff told us that they had received safeguarding training at induction and records showed that staff had completed safeguarding training. One member of staff said "There is training on all the time and safeguarding training is taking place again soon." Any concerns raised were recorded

and the registered manager understood how to protect people by reporting concerns they had to the local authority and protecting people from harm. People could be confident that staff had the knowledge and skills to recognise and report any abuse appropriately.

Risks were minimised and safe working practices were followed by staff. Risk assessments were completed for each person to make sure staff knew how to protect them from harm. The risk assessments contained detailed instructions for staff on how to recognise risks and take action to try to prevent accidents or harm occurring. For example, moving and handling, skin integrity risk and falls risk assessments were in place for staff to refer to and act on. In relation to maintaining people's safety, the slips, trips and falls assessments instructed staff to make sure that the person used their walking aid, and to ensure that there were no hazards in their way. We observed that staff used appropriate moving and handling transfers to ensure people were supported safely.

Incidents and accidents were checked and investigated by the registered manager to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. We saw there were risk assessments and guidelines for the use of bedrails which were reviewed on a regular basis.

People were protected from the risks associated with the management of medicines. Medicines were kept safe and secure at all times, and were disposed of in a timely and safe manner. A policy was in place to guide staff from the point of ordering, administering, storing and disposal, and we observed this was followed by the staff. A number of checks were conducted by both the registered manager and their deputy to ensure medicines were ordered and no excess stock was kept by the service. Daily checks were made of the medicine room to ensure the temperature did not exceed normal room temperatures. The medicines fridge was also checked daily and records maintained to ensure the medicines remained within normal temperature range. The registered manager conducted a monthly audit of the medicine used. This indicated that the registered manager had an effective governance system in place to ensure medicines were managed and handled safely. People were given their medicines by trained nurses who ensured they were administered on time and as prescribed. Appropriate assessments had been undertaken for people around their ability to take their medicines and whether they had the capacity. Nurses who administered medicines received regular training and yearly updates. Staff had a good understanding of the medicines systems in place.

Some of the records we reviewed contained a detailed care plan for the administration of medicines that were for 'as required' or homely medicines. This gave staff details of why certain medicines such as paracetamol were given. For example one person had been prescribed paracetamol for pain. People who had been prescribed topical creams had their plan of care reviewed on a regular basis. Each person's chart we viewed had a separate MAR for their topical creams. The nurses had a clear guide as to what the cream was used for, where to apply the cream and a chart to record when it had been applied. The trained nurses delegated the application of some creams to the care staff. They told us how they assessed the support workers ability to apply the creams to ensure it was administered safely. This involved informal training and observations. We found that the staff followed these plans to ensure their topical creams were applied as prescribed by their GP and maintain their skins integrity.

People were cared for in a safe environment. The premises had been maintained and suited people's individual needs, as they included communal rooms and bedrooms. These were personalised to people's tastes. Equipment was serviced and staff were trained how to use it. The premises were designed for people's needs, with signage that was easy to understand. The premises were maintained to protect people's safety. There were adaptations within the premises like handrails to reduce the risk of people

falling or tripping. There was also wheelchair access from outside the premises to inside. Equipment was provided for those who could not weight bear so that they could be moved safely. Change of position records were in place which demonstrated people were receiving regular checks and having their position changed if nursed in bed.

Emergency procedures in the event of a fire were in place and understood by staff. Internal checks of fire safety systems were made regularly and recorded. Fire detection and alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills. Evacuation information was available in each person's care plan. These included details of the support they would need if they had to be evacuated. These were kept in an accessible place and readily available in the event of an emergency. The staff knew how to respond in the event of an emergency, who to contact and how to protect people.

Good

Is the service effective?

Our findings

People told us that staff looked after them well. People said, "I am happy here, the staff are friendly and we get along", and "The meals are good here, we have a good choice and they make meals which everyone likes".

One relative gave an example of how good the staff were with people. They said, "I do not have much experience of different care places and my mum cannot speak English. I know that the home looks after her and she is very happy. She has put on weight and I feel able to take comfort that she is well looked after". Another relative said, "I feel like I am welcome and they look after my dad. I know I can phone at any time and there is always someone willing to talk and listen".

People confirmed that staff sought their consent before they provided care and support. Staff interacted well with people, and asked them where they wanted to go and what they wanted to do. They obtained people's verbal consent to assist them with personal care such as helping them with their meals, or assisting them to the toilet. Staff were aware of how to treat people with respect and that they allowed people to express their consent to different tasks. There were consent forms in place in each person's care plan. Consent forms had been appropriately completed by people's representatives where this was applicable. The forms showed the representative's relationship to the person concerned, and their authorisation to speak or sign forms on the person's behalf or in their best interests.

The registered manager and staff we spoke with told us that people had capacity to make decisions but recognised that in the future this may not be the case, so they and the staff had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Staff that we spoke with understood the principles of the MCA, deprivation of liberty and 'best interest' decisions.

Staff supported people without any form of restrictions of their liberty. Staff had received training in the Deprivation of Liberty Safeguards (DoLS). There were procedures in place and guidance in relation to the Mental Capacity Act 2005 (MCA) which included steps that staff should take to comply with legal requirements. People when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). A DoLS ensures a person is only deprived of their liberty in a safe and correct way, and is only done when it is in the best interests of the person and there is no other way to look after them. A 'best interest' meeting was booked to take place shortly, for one of the people..

Staff told us that they had received induction training, which provided them with essential information about their duties and job roles. The provider was reviewing the induction programme to make sure that it was compatible with the new care certificate training. They said that any new staff would complete an induction programme and shadow experienced staff, and not work on their own until assessed as competent to do so. Nursing staff received a twelve week induction programme that included working shadow shifts. They were signed off by the registered managed when assessed as competent.

All care staff had or were completing vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. This helped staff to deliver care effectively to people at the expected standard. One member of staff said, "I feel supported and I have completed my Level three qualification". Staff received refresher training in a variety of topics such as infection control and health and safety. Staff were trained to meet people's specialist needs such as dementia care awareness. This training helped staff to know how to empathise with people who had old age confusion as well as anyone with dementia. One member of staff spoken with was happy with the training that she had received and felt that it was sufficient to both do her job and meet people's needs, both as the activities coordinator and a carer.

Staff were supported through individual one to one meetings and appraisals. Nurses received clinical supervision and support from the registered manager. They were responsible for keeping up to date with their professional development. One to one meetings and appraisals provided opportunities for staff to discuss their performance, development and training needs, which the provider monitored effectively. The staff said that they had handovers between shifts, and this provided the opportunity for daily updates with people's care needs. Staff were aware that the registered manager was available for staff to talk to at any time. Staff were positive about this and felt able to discuss areas of concerns within this system. All of the staff we talked to told us "Staff worked well as a team", and this was evident in the way the staff related to each other and to people they were caring for.

People were supported to have a balanced diet. People's dietary needs were discussed before admission and the cook was informed. The cook was familiar with different diets, such as diabetic diets and vegetarian. There was a menu in place that gave people a variety of food they could choose from. People's likes and dislikes were recorded and the cook was aware of what people liked and did not like. People were offered choices of what they wanted to eat and records showed what they had chosen. One person said, "The cook comes round and I tell her what I like. If there is something on the menu I don't like, I am always offered an alternative". We observed people eating their meal in the dining room. The atmosphere was convivial. People were smiling and chatting and eating their food. The food looked and smelled appetising. Plate guards were seen in use to aid to people to maintain their independence.

Care plans included eating and drinking assessments and gave clear instructions to staff on how to assist people with eating. People at risk of dehydration or malnutrition were appropriately assessed. People who were at risk of choking had also been assessed. Daily records showed food and fluid intake was monitored and recorded. Some people needed to have their food fortified to increase their calorie intake if they had low weights. People were weighed regularly and their weight was recorded in their care plan. Staff informed the registered manager of any significant weight gains or losses, so that they could refer them to the doctor for any treatment required. Examples of making sure that people had sufficient food intake included, offering snacks throughout the day and night, and full fat bedtime drinks. All people spoken with felt that there was enough to drink. Everyone seen in their rooms and most of the others had drinks within reach, often both hot and cold. This meant that people's nutritional needs were met. One relative told us, "I feel very happy that the staff support my mum to eat and drink. I know that her weight is always going to be an issue, but they have supported her to put on weight. That tells me all I need to know about the quality of their care".

The registered manager had procedures in place to monitor people's health. Nursing staff carried out on-going checks for people's health needs, and contacted other health and social care professionals, such as GP's for support and advice. Blood glucose testing was performed on a weekly basis for people who were diet or tablet controlled, and more frequently if required for one person who was on insulin. Nurses held

responsibility for different areas of health care, such as wound care, medicines and continence care. This enabled them to concentrate on specific aspects of the work and to inform other nurses of updates and changes in their given subjects. Referrals were made to health professionals including doctors and dentists as needed. People told us that the doctor regularly visited and if they wanted to see the doctor the staff would make an appointment. Blood pressure monitoring along with temperature, pulse and respirations were performed by the nurses.

Where necessary the nurses referred people to other professionals such as the tissue viability nurse, speech and language therapist (SALT) and dieticians. A health care professional told use that people were always referred in an appropriate and timely manner. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of regular health checks. People's health and well-being had been discussed with them regularly and professionally assessed and action taken to maintain or improve people's welfare.

The premises were purpose built to care for people who use wheelchairs or have difficulty moving around. Some adaptations to the environment had been made to meet people's physical needs. For example, a range of equipment for transferring people, from their bed to a chair. Toilets had raised toilet seats, and grab bars which provided support for people to enable them to retain their independence.

Good

Is the service caring?

Our findings

People told us that staff are all very good. People said, "They (the staff) look after us well", and "The staff are kind and caring". Comments received from social care professionals included, "Staff are always very welcoming and the people are always treated with dignity and compassion", and "All the staff when I have visited are caring about their residents and have good communication and interaction with each individual, treating them with respect and dignity.

Relatives commented, "I have been comforted by the fact I can phone up and know someone will answer my concern or query in a friendly manner and also take the time to talk" and "The staff are friendly, kind, mindful and supportive". One relative said, "Before there used to be issues from different agencies and services in getting timely support when my father became ill. The staff in the service have arranged rapid care which can be accessed and this has been positive as it means they have taken a worry and weight from my mind".

People and their relatives had been involved in discussions and planning how they wanted their care to be delivered. Relatives felt involved and had been consulted about their family member's likes and dislikes, and personal history. People said that staff knew them well and that they made choices throughout the day regarding the time they got up went to bed, whether they stayed in their rooms, where they ate and what they ate. People felt they could ask any staff for help if they needed it. People were supported as required but allowed to be as independent as possible.

Staff chatted to people when they were supporting them with walking, and when giving assistance during the mealtime. The staff seemed to know the people they were caring for well. They knew their names, nicknames and preferred names. Staff recognised and understood people's non-verbal ways of communicating with them, for example people's body language and gestures. Staff were able to understand people's wishes and offer choices. There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people. Staff supported people in a patient manner and treated people with respect. We observed the staff knocking on the doors before entering rooms.

People said they were always treated with respect and dignity. One member of staff said, "I know it is important to be professional and respect people. I also know it is important to speak to people with a good sense of humour and value people for who they are. It is their home". Staff gave people time to answer questions and respected their decisions. Staff spoke to people clearly and politely, and made sure people had what they needed. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people. A relative that had written about the service stated, "The staff always treat him with dignity, respect, fondness and genuine care".

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. We saw people had personalised their bedrooms according to their individual choice. For example family photos, small pieces of their own furniture and their own choice of bed linen. People were relaxed in

the company of staff, and often smiled when they talked with them. Support was individual for each person.

Good

Is the service responsive?

Our findings

People told us they received care or treatment when they needed it. None of the people we spoke with had made a complaint about their care, but told us if they had a problem they would speak with the manager. One person said, "I would speak to the manager if I had any concerns".

One relative who had written about the service stated, "The staff are genuine and when visiting they take the time to ask after me, whilst feeding back about how my father is. I have heard them caring for other people and know they apply their attention to detail across the board. I feel assured that my father is in the right place and receiving the right level of care".

Another relative who had written to the service stated, "He was happy with you. He was safe. His needs were met and he was treated with dignity and respect throughout". He was in a loving, caring environment with genuine warmth and affection".

The management team carried out pre-admission assessments to make sure that they could meet the person's needs before they moved in. People and their relatives or representatives had been involved in these assessments. This was an important part of encouraging people to maintain their independence. People's needs were assessed by the nursing staff and care and treatment was planned and recorded in people's individual care plan. These care plans contained clear instructions for the staff to follow to meet individual care needs. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and was consistent with their plan of care.

People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. The care plans contained specific information about the person's ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were discussed with people before they were put in place. People were included in the regular assessments and reviews of their individual needs.

The staff recorded the care and support given to each person. Each person was involved in regular reviews of their care plan, which included updating their assessments as needed. The records of their care and support showed that the care people received was consistent with the plans that they had been involved in reviewing. Staff were able to describe the differing levels of support and care provided and also when they should be encouraging and enabling people to do things for themselves. Support was individual for each person. We saw that people could ask any staff for help if they needed it. Staff knew the needs and personalities of the people they cared for.

Staff were responsive to people's needs. People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. The care plans contained specific information about the person's ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. For example, people were encouraged to choose what to wear and, supported to make decisions about what they wanted to wear. Changes in care and

treatment were discussed with people or their representative before they were put in place. People were included in the regular assessments and reviews of their individual needs.

Staff encouraged people to follow their individual interests and hobbies within the limits of their nursing needs. Some people remained in their bedrooms due to their medical conditions or as a preference. There were activities, both from outside companies and from the activities lady. For example, music motivation, films, bingo and nail care. Some people talked about the 'bingo' and another person told us about the regular 'focus group' meetings where events in the news were discussed. There were links with local services for example, local churches and local entertainers. People's family and friends were able to visit at any time.

Information about making a complaint was available on the information board at the entrance of the service. People were given information on how to make a complaint in a format that met their communication needs, such as large print. People were given the opportunity at regular reviews to raise any concerns they may have. All people spoken with said they would be confident about raising any concerns. Relatives and people who lived at the service knew the manager and felt that they could talk to the manager with any problems they had. The providers and the registered manager investigated and responded to people's complaints. The registered manager told us there had been no formal complaints made in the last 12 months. The registered manager confirmed that complaints were investigated appropriately and reported on. The provider said that any concerns or complaints were regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. People told us they knew how to raise any concerns and were confident that the registered manager dealt with them appropriately within a set timescale.

Good

Is the service well-led?

Our findings

People and staff told us that they thought the service was well-led. People said, "The service is well run", "I know the manager, she is always around if I want to have a chat", and "They all work as a team here".

Relatives told us, "The manager keeps us informed of any changes", "The staff team are good and everyone works well together".

Health and social care professionals told us, "The registered manager is very open and approachable. She is fully aware of people's needs and appears to have an excellent rapport with her staff and people living at the service", and "The service is well run and managed". One staff member said, "The provider is good to work for, it is a well led home, and I do feel valued.

The provider had a clear set of vision and values. These were described in a statement on the noticeboard inside the entrance to the service and in the Statement of Purpose. The aims and objectives was to provide an environment that all people can regard as their home. A place wherein each person can feel valued and have their individual requirements met. A place where comfort and dignity take priority. A place where choices are respected where privacy is an individual right. The management team demonstrated their commitment to implementing these aims and objectives by putting people at the centre of the planning, delivery, maintaining and improvement of the service provided. From our observations and what people told us, it was clear that these values had been successfully cascaded to the staff. It was clear that they were committed to caring for people and responded to their individual needs.

The aims and objectives of the service were set out, and management and staff were able to follow these. For example, they had a clear understanding of what the service could provide to people in the way of care and meeting their physical and mental health needs. Staff understood and were able to describe the aims of the home. These were described in the Statement of Purpose for the service, so that people had an understanding of what they could expect from the service.

The management team at Fort Horsted Nursing Home included the providers, the registered manager, and registered nurses. The providers provided support to the registered manager, and the registered manager supported the nursing staff, care staff and ancillary staff. Staff understood the management structure of the service, who they were accountable to and their roles and responsibilities in providing care for people.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings; events where family and friends were invited; questionnaires and daily contact with the registered manager and staff. People and relatives spoke highly of the registered manager and staff. We heard positive comments about how the service was run. They said the registered manager had an open door policy. People said that staff and management worked well together as a team. They promoted an open culture by making themselves accessible to people, visitors, and staff, and listening to their views.

There were systems in place to review the quality of all aspects of the service. Monthly and weekly audits

were carried out to monitor areas such as infection control, health and safety, care planning and accident and incidents. Appropriate and timely action had been taken to protect people and ensure that they received any necessary support or treatment. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to make improvements whenever possible.

Communication within the service was facilitated through regular team meetings. Minutes of staff meetings showed that staff were able to voice opinions. We asked staff on duty if they felt comfortable in doing so and they replied that they could contribute to meeting agendas and 'be heard', acknowledged and supported. Staff told us there was good communication between staff and the management team. The registered manager had consistently taken account of people's and staff's input in order to take actions to improve the care people were receiving.

The registered manager was aware of when notifications had to be sent to the Commission. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

There were effective systems in place to manage risks to people's safety and welfare in the environment. The provider contracted with specialists companies to check the safety of equipment and installations such as gas, electrical systems, hoists and the adapted baths to make sure people were protected from harm.