The Croll Group

Carlisle Lodge

Inspection report

103 Carlisle Road
Eastbourne
East Sussex
BN20 7TD
Tel: 01323 646149
Website: www.crollgroup.co.uk

Date of inspection visit: 7 and 16 July 2014
Date of publication: 13/02/2015

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

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, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection, which was undertaken on the 7 and 16 July 2014.

Carlisle Lodge Nursing Home is registered to provide accommodation and nursing care for up to 20 older people. It provides 18 single rooms and one room that can be used for people wishing to share. At the time of the inspection 15 people were living in the service. People living In the home had general nursing needs associated with older age and some had been placed for respite care. The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

People and their relatives told us they felt they were safe living at Carlisle Lodge Nursing Home. Staff undertook safeguarding vulnerable adults, and Mental Capacity Act 2005 training. They were able to tell us what they would do if they had any concerns and the registered manager had suitable understanding of associated legislation.

Care plans contained individual risk assessments in order to keep people safe. Staff told us they felt there was enough staff on duty each day to look after people and to provide individual time. There was a workforce who enjoyed working at the home.

Staff told us they were able to complete further training appropriate to their role if they wished to, and the provider would support them in this. However, staff told us that most of the training was self-directed and was completed in their own time. We saw that staff supervision was provided although the frequency of this had reduced over the past year. All staff told us that they felt supported and that their views were listened to and responded to by the registered manager and provider.

People were encouraged or supported to make their own decisions about their daily life and their food. We saw there was a weekly menu which gave people choice. People who did not like the choice on the menu could ask for an alternative.

Care records and discussion with visiting professionals showed us that people had access to other health care professionals as and when required. Staff followed guidance from these professionals and sought additional advice when necessary.

People were cared for by kind and caring staff. Staff knew people well and responded to them individually. One person said, “Everyone is very kind and helpful.” People and relatives told us that they were involved in their care and changes and reviews were fully discussed.

There was a variety of activity and interaction taking place in the home for people. The activity co-ordinator knew everyone well and facilitated activity and entertainment within and outside of the home. Links with the local school and church provided additional interest for people living in the home. Visitors told us that they were warmly welcomed and felt they could come to the home at any reasonable time. People had access to the community, friends and relatives.

People were given information on how to make a complaint. People using the service, their relatives and staff told us that they were able to raise a compliant easily and they felt that it would be dealt with effectively.

Regular audits and a review of satisfaction with the use of questionnaires were undertaken. The provider also visited the home on a regular basis to review the quality of the service. This showed us that the provider checked that the service provided the care and treatment in an appropriate and safe way and that where necessary, improvements were made.

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 is safe.

Good

People felt safe and knew who to speak to if they had concerns.

Staff knew how to recognise and respond to abuse and had relevant information to support them to do this.

The provider had followed staff recruitment processes to reduce the risk of unsuitable staff.

There were systems in place to ensure the environment was well maintained and safe. There were procedures in place to respond to any safety concern including fire or electrical failure.

Staff were aware of the Mental Capacity Act 2005 and how to involve appropriate people, such as relatives and professionals, in the decision making process if someone lacked mental capacity to make a decision.

Is the service effective?
The service was effective.

Good

Staff had a good understanding of peoples care and support needs. Verbal and written communication systems were well established with information on people's needs, preferences and risks to their care held within the care documentation.

The home worked in conjunction other health care professionals to benefit people.

Staff had received training and supervision and were encouraged to undertake additional training. The registered nurses were provided with clinical training to support their practice.

People had access to a varied diet and their individual choices and preferences were responded to.

Is the service caring?
The service was caring

Good

People and their relatives were positive about the care provided by staff. People were supported by kind, caring staff in a timely manner.

All staff knew people well and they were kind and attentive when people needed support.

Is the service responsive?
The service was responsive

Good

People told us they were able to make individual and everyday choices and we observed this during our inspection.

People had the opportunity to engage in a variety of activity inside and outside of the home that met individual interests.

People were made aware of how to make a complaint or and these were responded to fully, to improve the service.

Summary of findings

People had access to a range of health care professionals when they needed it.

Is the service well-led?

Good

The service was well-led.

The home had identified visions and values that were shared with people and staff. Staff received training on these and how to follow them through into practice.

There was an established manager and team that were respected and approachable. The registered manager was readily available to people staff and visitors and responded to what people told them.

There were systems in place for monitoring the quality of the service. This included visits to the home and a review of satisfaction surveys completed by the people and their representatives.

Carlisle Lodge

Detailed findings

Background to this inspection

The inspection was undertaken on 7 and 16 July 2014 . We spoke with ten people living at the home who were able to tell us about their view and experiences, four visitors, one registered nurse, three care staff, the registered manager and the activities co-coordinator. We observed care and support provided to people in shared living areas and also looked at the kitchen and some people's bedrooms. We looked at a range of records about people's care and how the home was managed. Records seen included, three care plans along with supporting care documentation and risk assessments. A selection of charts recording daily care, support and monitoring of people's needs were reviewed along with three staff recruitment files some further recruitment documentation was sent from head office, complaint and audit records.

The inspection team consisted of an inspector and an expert-by-experience, who had experience of older people's care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection, we reviewed the information we held about the home that included notifications received. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern. Following the inspection we spoke with two visiting health care professionals to gain their views on the service.

We last visited the service on 31 January 2014 where no concerns were identified.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People and visitors told us that they felt safe in the environment and with the care and support provided. People's comments included, "I feel safe in these surroundings" and "The door is locked at night so I feel safe" and "'I feel safer here than I did at home." Visitors were positive about the safety of people and one visitor said, "I know (my relative) is safe and well looked after."

The home was clean throughout and well maintained. The registered manager pointed out recent improvements made to the fire safety arrangements that had been put in place following a routine visit from the fire brigade. We saw records and certificates that demonstrated that the home was subject to regular safety checks and maintenance. Redecoration and furniture replacement was in progress and demonstrated that there was a programme in place to replace and upgrade older furniture and maintain a good standard of decoration. One relative commented on how the home never had any unpleasant odours and said, "'It never smells here, shows that it can be done".

Observation throughout our visit indicated that the staffing arrangements ensured people's needs were attended to and people were safe. We saw that call bells were responded to quickly and staff had time to attend to people without rushing them. For example, we saw staff assisting people during lunch, they supported appropriately and ensured people were not rushed and were able to maintain their independence. People spoken with told us that there was enough staff working in the home to meet people's needs. Most people were positive about the staff available and made the following comments. "'If I ring the bell I never have to wait more than a few minutes, they come very quickly, within a reasonable time" "Generally there are enough staff" and "By and large, it's a quick response. They usually tell us if we need to wait, depending on what else they are doing."

Staff told us that there was enough staff to provide the required care and support in a safe and unrushed way. They said that they were provided with the skills to undertake their work safely and competently. One staff member said, "There is plenty of staff, there is time to spend individual time feeding people." Another said, "There is enough staff to do the care properly, you do not have to rush."

Staff understood their responsibilities to keep people safe from abuse and were proactive in ensuring people were safe from any possible abuse. We saw from records that staff undertook a programme of training that included safeguarding and mental capacity and Deprivation of Liberty Safeguards (DoLS). Staff spoken with had an understanding of the types of abuse and who they would report to should they have any suspicions or concerns. There was a safeguarding adult policy in place for staff which gave guidance on what abuse was, and how to report it. We also saw that staff had access to the direct telephone contact number for referring and safeguarding issue. One staff member said, "I would have to report any concerns to the matron." Another staff member said, "If the matron was not around I would refer the matter on, firstly to the main office then safeguarding." Staff described when a safeguarding had been made in the past and how they had worked with the safeguarding team. The manager described a safeguarding that they had made recently when she and the staff had concerns about the safety of a person who was waiting for admission. They had no support or care arranged for the weekend as this had been withdrawn too early putting this person at risk.

People's rights were acted on appropriately. Staff were aware of the Mental Capacity Act 2005 and how to involve appropriate people, such as relatives and professionals, in the decision making process if someone lacked mental capacity to make a decision. We were told no one was living in the home with a DoLS in place and that everyone had the capacity to consent to personal care needs. People were not admitted to the home with a primary diagnosis of dementia. However, staff responded to peoples changing mental health needs with external advice when needed. The registered manager discussed a person who was having a full mental capacity assessment and how a multi-disciplinary team was involved in ensuring their 'best interest' was taken into account when planning care.

The provider ensured that they only employed staff who were suitable and qualified to work with vulnerable adults. Records confirmed that robust recruitment procedures were followed when employing new staff. Records seen included application forms, identification, references and a full employment history. Each member of staff had undergone a criminal records check prior to commencing work at the home. Any staff member employed as a registered nurse had their registration with the relevant authority verified before employment.

Good

Is the service safe?

Systems were in place to identify risks and protect people from harm. Records included full assessments on mobility, skin damage, nutrition and falls. The computer system used to record care needs ensured any risk were reviewed at least on a monthly basis and in this way all assessments were reviewed and were up to date. This meant staff worked to the most up to date information about a person. Records confirmed that risks identified were followed through with care and support to reduce the risk. For example, risks associated with nutrition were identified within the care plan with guidance for staff to follow to respond and monitor people's diet and weight. One person told us that they were at risk from falls and this risk had been documented with measures in place to reduce the risk including additional equipment.

The provider had made arrangements for any emergency to be dealt with appropriately. Emergency procedures were displayed on the notice board in the office. Emergency arrangements included the moving of people to nearby homes as a place of safety on a temporary basis. The registered manager was on call and staff told us that they or the provider were always available for help and support.

Good

Is the service effective?

Our findings

People expressed confidence in the staff and felt that their needs were met by a team of skilled staff. They said, "The staff can meet my needs, they know what I like, they know I like a good strong cup of tea," and, "The staff have got to know me, they have just the right words if I am feeling down." Another said, "They look after us extremely well and care about the individual, not just a whole group."

Visitors and relatives spoken with were also happy about the care and support provided they told us, "(my relative) is so much better since being here, they are always treated as an individual. The staff know how to act appropriately to meet their needs' and "Staff do their best to keep people happy' Another relative said, "I talk to matron quite often about mum. If there were any health problems, they would always call a doctor."

The staffing arrangements supported staff in delivering consistent care to people throughout the day and night. Staffing was flexible and responded to any changing need. For example, additional staff were provided to respond to end of life care. The duty rota confirmed that each day was staffed consistently. A registered nurse worked on every shift and was supported by care staff and an activities co-ordinator. The registered nurses reviewed and monitored the care and were available to supervise staff when providing care. Catering, domestic and laundry staff worked in the home each day.

We saw from records and discussion with staff that staff turnover was minimal. Staff chose to stay at Carlisle Lodge and this provided regular staff that worked well together and knew people's individual needs. Staff were established and had attended or undertaken regular training. We saw that newer staff had completed an induction programme when they started working in the home. Staff told us that there was a thorough induction that included working in a shadowing role until skills had been established. A staff member had been promoted internally and their included weekly time with the registered manager and a structured programme to ensure they gained the relevant skills and competencies to undertake their new role.

Records confirmed that staff completed a programme of relevant training on a regular basis.

Staff told us that they had the skills to do their job well. They told us that most training was self-directed and undertaken within their own time. One staff member said, "We are not allocated any training time." The registered manager told us that the way the core training was provided was under review to establish a regular training schedule that will include allocated time within work time.

The registered nurses could attain additional qualifications and training to support them in their role in the home. Discussion with the registered nurses and records confirmed that they had access to additional training to support them in their clinical and lead roles. For example, they attended training on wound healing, continence management and advanced infection control training.

We heard from staff that they had in the past received regular supervision and that this had been re-established. Records confirmed that over the past year supervision was not provided consistently, however staff had received a recent supervision within the last two months.

The provider promoted developed the knowledge and skills of the staff. Staff told us that staff supervision was used to discuss any professional development and gaps in knowledge and understanding. One member of staff told us, "I could do much more training and development if I wished, but I do not wish to." Another member of staff said, "I get all the training I need and If I want to any extra training I know I would be supported." A system for annual staff appraisal had been established. We saw the new appraisal form that had been used to undertake appraisals for some staff. Staff knew that an annual appraisal was to be undertaken for all staff and dates had been scheduled.

Computer records and associated care documentation showed that before admission to the home the registered manager or the deputy manager completed an assessment of need to ensure the home could meet the person's needs before admission. This demonstrated that people's needs were taken into account and what care and support the service could provide before agreeing to an admission.

There were systems in place to update staff on people's needs. The care plans reflected people's physical and emotional needs. For example, for those requiring the monitoring of fluids and needing their fluids thickened to prevent choking, this was recorded in the care plans. Staff knew people's needs well and were aware of the people on fluid charts and needing fluids thickened. Staff told us that they were updated on people's needs regularly, through verbal staff handovers and care records. One staff member

Good

Is the service effective?

said, “We have handover meetings at the beginning of each shift.” Another staff member said, “The daily records that you have not seen are highlighted in red on the computer, so you can update yourself.” We saw that the computer system had an individual log in system. Any new entries since the last log in by staff were highlighted in red. In this way staff could see the most recent information at a glance.

Staff sought out relevant health service support to promote people’s health and wellbeing. Records seen confirmed that there was regular contact with GPs and other health care professionals. We spoke with staff about the changing health needs of people. Staff described that they had good links with the local GPs who visited regularly. The registered manager described how they supported two people who had specific infection control needs. We saw how additional health support was asked for and provided to promote the health and wellbeing of these people. We spoke to two health care professionals following the inspection visits. Both confirmed good professional links with the staff and that they were contacted appropriately for advice which was followed by the staff.

The provider had made additional arrangements in order to respond quickly to people’s medical needs and to ensure people’s comfort. There was a supply of medicines that could be used to respond to people’s end of life care needs, controlling and treating symptoms like nausea and pain. The home had a licence from the home office to enable them to hold this stock of medicines and had maintained strict storage arrangements to satisfy their criteria.

People were involved in making their own decisions about the food that they ate. We saw the kitchen and spoke to the cook. They told us and showed us the choices provided to each person. We saw the lunch and observed the mealtime. Some people chose to eat their meals in their rooms the others ate in the lounge. An adjacent room was available for dining but in reality was not used regularly. People were keen to talk about the food and were very complimentary about the food provided and told us that they had choices. People said, “The food is marvellous, such choice and everything melts in your mouth,” “The food is delicious with a choice every day”. “The food is good, if we don’t feel like eating we are always encouraged to try a little. The day before one of the staff comes round and tells us what it is. If you don’t want it or don’t like it, you can have something else” and “I don’t always have what’s offered, there’s an alternative.” One person did not like the food, and said, “The food is terrible, greasy chicken.” The lunch was the main meal of the day with a lighter supper. Most people told us that they liked the supper, although one person felt they were not good and another said they arrived too early. Visitors and relatives spoken with were positive about the quality of the food: One relative said, “The food is what I would call ‘home cooking’ which is just what (my relative) likes and there is lots of it.”

Good

Is the service caring?

Our findings

People highlighted the kindness of the staff and felt they were looked after by a caring team of staff. People said, "Everyone is so kind, I've had nothing but kindness since I've come here", "It's very pleasant living here, it's the staff that make it pleasant," "The staff are kind, and they work hard" and "Everyone is very kind and helpful." Two people however felt the staff could be 'bossy' at times.

Relatives and visitors were also positive about the staff approach and told us, "I can't find much fault at all. All the staff are very caring and the nursing care is very good," "Staff are always cheerful and friendly, very professional but friendly," "They are very kind, always thinking about what X might want, " and "Residents are all well looked after and well dressed. Staff have a very caring approach and residents are treated with respect as individuals."

We observed staff speaking warmly and politely with the people. We saw that there was a close and supporting relationship between them they shared jokes and pleasantries throughout the day. When helping people with their lunch staff provided support in a calm and dignified manner. Staff sat at the same height as the person, waited until the person had stopped eating before offering more, and spoke quietly and encouragingly.

Staff supported people in maintaining their privacy and dignity. We observed staff providing care when required in a professional and discreet way. For example, when helping people to the toilet staff were conscious not to cause any embarrassment. We saw that when any personal care was provided bedroom doors were always closed. People who were in bed or sitting in their rooms were appropriately covered. Staff spoken with were able to give examples of how they treated people with respect and promoted their dignity. One said, "It's so important to make sure that people are properly covered, we are very careful when hoisting people especially if they have a skirt on. "Another staff member said, "I would never call out across a room to someone, I do not think this is dignified when asking something personal." The registered manager also told us, "I do not store people's incontinent pads in their rooms where they can be seen by visitors. We have a separate storage area." One relative told us, "X's privacy and dignity are fully respected; in fact they have become more aware of this themselves."

The provider encouraged and supported people to maintain links with loved ones which was important to them. Visitors told us that they felt comfortable to visit the home as they wished and were always warmly welcomed. One said, "Staff are very welcoming, they always get you a chair and a drink. It's the little things that make a difference." We saw that the home had a computer that was used by people living in the home. One staff member told us that people were helped to skype relatives and keep in contact with emails.

Staff told us they worked together well as a team and all mentioned the good 'atmosphere' in the home. Staff were not rushed and gave support according to people's individual need. Discussion with staff confirmed they were aware of any changes to people's care and this was communicated effectively between staff. We heard staff talking about people in the office and planning how best to respond to them on an individual basis. It was clear from discussions with staff that a caring approach was central to the way the home was run, and the person receiving care was the most important person. A visiting professional told us that all staff put themselves out for people in the home "always willing to go the extra mile for people."

People were involved as partners in their own care people had been involved in developing their care plan. People and relatives said they were involved in their care and discussed what they wanted and understood the care to be provided. Staff explained how people were involved in their own care, "Through talking to them providing options and gaining their consent all the time." The care plans were up to date and we saw evidence that they were reviewed regularly. The registered manager explained that the care plans were developed through reports from care workers, the individual concerned, their representatives and any professional advice. There was evidence within care records that people's views were taken into account. For example, we saw records relating to preferences before and after death.

Good

Is the service responsive?

Our findings

People had access to activities and trips that interested them and were responsive to their individual needs. The home employed an activities co-ordinator who worked in the home most days. They confirmed that people were taken on trips in the home's own transport most recently to a local zoo. People told us, "I enjoy getting out and about," and "We have bowls, bingo and general knowledge quizzes."

We saw people playing carpet bowls, joining in quizzes and conversations on topical subjects. Later in the day the care staff joined in activities that included scrabble and reading newspapers. People told us that they chose what they did depending on what was being provided and what they were able to do.

The activities co-ordinator spent individual time with people and identified what was important and interesting for each person. One person enjoyed chatting and talking to people about current affairs, this was reflected within the day's activity. The activities co-ordinator had a good relationship with people and had warm and friendly approach. They spent most of their time in the lounge with people but they told us that they also spent individual time with people in their own rooms. Records seen indicated that everyone in the home had allocated time to interact with the activities person and other staff working in the home. People in the lounge had mixed abilities but all were spoken to individually and joined in the activities in the lounge as they were able and wanted to. The activities person knew people well and responded to what people asked for. For example, people chose to have another game of bowls as a group activity and those who had difficulty in joining in were supported.

People in their rooms had either a radio or a television for company and those able to say said they were content with this entertainment. One person however, said they were bored and isolated. This person was hoping to return to their own home in the near future and the home were working with the community services to achieve this . Staff told us that there was a long standing link with a local school, and students visited the home regularly to provide company and entertainment. A local church also maintained contact and visited the home to provide religious services to those people who wanted to join in. This reflected most people's religious beliefs and other beliefs were respected on an individual basis.

People had regular contact with staff and were encouraged to express what was important to them, and these wishes were responded to. Discussion with staff confirmed that they knew people well and each person's individual needs. Staff were seen to be responding to people's needs in a timely fashion. We heard that the call bells were responded to quickly and saw people had regular contact with staff. For those people in their own rooms regular contact was recorded on individual charts. For example, we saw for one person they had regular drinks offered and given and recorded on a fluid chart. One person told us that they wanted to be as independent as possible and to go out into the garden. The home had provided a ramp to enable independent access.

People were enabled to maintain relationships with friends and relatives, We saw that visitors were warmly received and they told us they were able to come at any time. People were supported when making and receiving telephone calls. For example, one person needed help to ensure the telephone was accessible at the time of a planned telephone call from a relative. A computer had been purchased for people's use and we saw that two people were enthusiastic users of their iPad and used these to maintain links with family and friends. .

People were made aware of how to make a complaint or raise a concern if they needed to. Complaint information was included within the home's brochure and statement of purpose and displayed in the home. Although few people had done so, all the people who lived a Carlisle Lodge and expressed a view they were confident that they knew what to do if they had a concern or complaint, that it would be handled appropriately, action would be taken and that there would be no adverse consequences for them in having raised issues. People said, "If I had a problem I would speak to someone at once, matron is very understanding," "I'm very happy to raise issues," and "If I had any problems I'd be happy to talk to matron." Other people said, "If something was important to me I would go to matron. I know if I did she would sort things out to my satisfaction, not to my disadvantage. It would be dealt with quietly, discreetly," and "I would raise any problems with matron, she would do something about it." Relatives

Good

Is the service responsive?

added, "'(my relative would feel comfortable saying if something wasn't right here," "I'm confident about raising any issues, and that they would be dealt with," and "I talk to matron quite often about (my relative)."

Staff knew to pass on any concern or complaint raised with a senior member of staff and if at all possible with the registered manager. Staff felt they could also raise any concern they had directly with the registered manager who would listen to them. The complaints records confirmed that complaints were taken seriously, fully investigated and responded to appropriately. We saw that lessons were learnt and in one case action points were identified to improve the level of communication from staff to people's representatives. Concerns raised internally about staff were dealt with robustly, The homes internal disciplinary procedures were used and demonstrated that issues raised were responded to effectively.

People received consistent, coordinated care and support. Health care needs were monitored and responded to.

Records confirmed that people's needs were reviewed on a regular basis and people and their representatives were involved in this process. One person receiving respite care was subject to multi-disciplinary review and assessment initiated by the home. This was to ensure their health and welfare needs were fully responded to on an on-going basis. This person and their representative were fully involved with these discussions.

Individual transfer information was retained within a separate file for each person. This ensured important information was readily available if a person required an emergency transfer. Information retained in this file was up-to-date and ensured any transfer was undertaken as smoothly as possible. The registered manager told us that transfers were accompanied and that she also visited the person as soon as possible to clarify and share information to support on-going treatment.

Good

Is the service well-led?

Our findings

People were aware of the management arrangements, they felt there was good leadership and had faith in the manager and the staff working in the home. People and staff referred to the registered manager as 'matron' and everyone told us that they were approachable and caring. They had been in post for over 20 years and led by example. The manager was available to staff and people and had regular contact with all. One person said, "Matron is marvellous so kind and friendly." Other comments received from visiting relatives included, "'There are very good leadership skills here, and that then goes all down the line," "I've got a lot of confidence in matron, she's always available, in her office but the door is open," and "I can always talk to matron, she's always helpful." Visiting health professionals told us they had confidence in the home's management. They said the manager was approachable and always worked with people's best interests at the heart. They gave examples when the manager had pursued relevant community resources to support people's individual care that included mental health services.

Staff were well supported and were well led, they valued the advice and support provided by the registered manager. Staff told us, "Matron is very approachable and supportive, she listens and is good at her job." Another said, "Matron is very organised, and always willing to help you, give advice and do all the extras that are important."

There was a clear set of vision and values which were promoted by all staff and shared with people the home's service user's guide the philosophy of the home was recorded and shared with people moving into the home. Staff had a good understanding of the aims and objectives of the home and spoke about people's rights that included privacy, dignity, choice and independence. There was a variety of policies and procedures to support staff in delivering appropriate care. Staff training included an induction programme that addressed the home's aims and objectives.

Staff had training on safeguarding and were familiar with the process of raising any concern with the home's management. We saw there was a whistleblowing policy available for staff to reference. Staff were not familiar with its contents but felt comfortable to speak to the provider or outside agencies if they had to. Staff were aware of the agencies that they could contact. Records identified that accidents and incidents were documented. These were analysed regularly to identify trends or areas of risk.

The registered manager undertook a number of audits. These included medicines, care documentation and environmental checks. These audits were used to produce action plans in response to any areas for improvement. We saw that audits put in place in the kitchen area established and maintained high standards that had been rewarded with a five star award from the environmental health officer.

The provider had an established system to review the quality of the service provided and the quality of the building's fabric and contents. A quality monitoring visit was completed by the provider on a three monthly basis. These included meeting and talking to people, reviewing information provided within the audits and maintenance records and inspecting the home's environment. Staff told us that the provider spoke to them during these visits and they were able to share their views with them. We saw that relevant actions were set following these visits as needed. This included environmental improvements and the provision of equipment. Staff told us that if new equipment was needed this was always provided and gave the example of lifting and pressure relieving equipment.

The provider had systems in place to gain feedback from people on the quality of the service provided by Carlisle Lodge. People and their representatives were regularly asked for their views on the home through satisfaction surveys. The results of these were audited and included within the home's annual development plan. This recorded that 78% of people were very satisfied with the way the home was run. We were told that staff were apprised of the development plan at staff meetings. The home held meetings for people who used the service and their representatives and these were used to provide feedback to people including information on the satisfaction surveys.

In the past people had been concerned with the security of the home and the registered manger had responded proactively to this concern. One person told us, "sometimes the front door is left open". They described a time when a stranger was in the hallway, they were in fact a visitor but this had made them, "anxious". The front door was now locked to ensure people could leave if they wanted but could not enter without seeking permission.

Good

Is the service well-led?

The culture in the home was one of openness. The registered manager told us that she was in regular contact with people in the home this included their representatives. She had an open door policy for everyone and maintained a high profile in the home. We saw that people and staff felt comfortable in approaching her directly and saw a number of people and staff approaching her during our inspection. She responded positively to all contact.