Shaw Healthcare (Group) Limited

Kent Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 13 and 19 April 2017. The first day of our inspection was unannounced and we told the provider we would return the following week to complete our inspection. The service was last inspected on 17 March 2016 when we found two breaches of the Health and Social Care Act 2008 and associated regulations which related to the need for consent and safe care and treatment. Following the inspection the provider sent us an action plan detailing how they would make improvements. At this comprehensive inspection we found the provider had taken action to address the breaches we had identified and improvements had been made.

Kent Lodge is registered to provide accommodation and personal care for up to 38 older people. At the time of our inspection, 37 people were living at the service. The home is divided into two units, one on each of the two floors.

The manager had been in post for five months and had made an application to be registered with the Care Quality Commission. 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.

Improvements had been made in relation to the management of risk. The risks to people's safety were identified and managed appropriately. The provider had put systems in place to ensure people lived in a safe environment. We saw a variety of health and safety checks were conducted on a regular basis by staff and external agencies.

The environment was safe, clean and free of hazards. The provider had processes in place for the recording and investigation of incidents and accidents.

The provider carried out regular fire checks and fire drills. All people using the service had personal emergency evacuation plans (PEEPs) in place.

Recruitment procedures and systems were in place to ensure that only suitable staff were appointed to work with people who used the service.

There were enough staff on duty to keep people safe and meet their needs, and there were contingency plans in place in the event of staff absence.

There were appropriate procedures in place for the safeguarding of vulnerable people and these were being followed.

There was a procedure for the recording, storing and administering people's medicines and the staff were

aware of this. Staff received regular training in the administration of medicines.

Assessments were carried out before people were admitted to the service to ensure the service could provide appropriate care. Care plans were developed from the assessments and reviewed regularly. People told us they were involved in care plan reviews.

The provider was aware of their responsibilities and had acted in accordance with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's capacity was assessed and they consented to their care and support. Processes had been followed to ensure that, where necessary, people were deprived of their liberty lawfully.

People received support by staff who were effectively trained, supervised and appraised. Staff told us they felt supported by their manager.

Staff had received training identified by the provider as mandatory to ensure they were providing appropriate and effective care for people who used the service.

A range of activities was organised and external entertainers visited regularly to provide an activity program to people who used the service. The activity coordinator worked with the care staff to provide person centred activities for people who were living with the experience of dementia.

People's nutritional and healthcare needs had been assessed and were being met.

Staff treated people with kindness and dignity and took into account their human rights and diverse needs.

There was a complaints procedure in place and people and their relatives knew how to make a complaint. They felt confident that their concerns would be addressed. People and their relatives were sent questionnaires to gain their feedback on the quality of the care provided.

There were regular staff meetings and meetings with people and their relatives and these were recorded. Staff told us that communication was good and they had regular handover meetings.

People, relatives and professionals we spoke with thought the home was well-led and the staff and senior team were approachable and worked well as a team. The staff told us they felt supported by the provider and there was a culture of openness and transparency within the service.

The provider had a number of systems in place to monitor the quality of the service and put action plans in place where concerns were identified.

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.

The risks to people's safety were identified and managed appropriately. The provider had processes in place for the recording and investigation of incidents and accidents.

Recruitment procedures were in place to ensure that only suitable staff were appointed to work with people who used the service.

There were enough staff on duty to keep people safe and meet their needs, and there were contingency plans in place in the event of staff absence.

There were appropriate procedures in place for the safeguarding of vulnerable people and these were being followed.

Staff had received training in the administration of medicines and there were effective systems in place to ensure that medicines were managed safely.

Is the service effective?

Good

The service was effective.

The provider was aware of their responsibilities and had acted in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People's nutritional and healthcare needs had been assessed and were met.

People were cared for by staff who were suitably trained, supervised and appraised.

Is the service caring?

Good

The service was caring.

Staff interacted with people in a friendly and caring way. Relatives and professionals felt that people using the service

were well cared for.

Care plans contained people's personal history, likes and dislikes. People were supported by caring staff who respected their dignity, human rights and diverse needs.

Where people were able to make choices, they told us that staff respected these.

Is the service responsive?

Good

The service was responsive.

A range of activities was organised and external entertainers visited regularly. The activity coordinator worked with the care staff to delivered person-centred activities for people who lived with the experience of dementia.

Assessments were carried out before people were admitted to ensure the service could provide appropriate care. Care plans were developed from the assessments and reviewed regularly. People confirmed that they were involved in their care plan reviews.

People and their relatives were sent questionnaires to ask their views in relation to the quality of the care provided.

People knew how to complain and were confident that their concerns would be taken seriously.

Is the service well-led?

Good

The service was well-led.

There were robust systems in place to assess and monitor the quality of the service and make improvements.

There were regular meetings for staff and people who used the service which encouraged openness and the sharing of information.

People, relatives and professionals we spoke with thought the home was well-led and that the staff and senior team were approachable and worked well as a team.

The staff told us they felt supported by the provider and there was a culture of openness and transparency within the service.

Kent Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 13 and 19 April 2017. The first day was unannounced and we told the provider we would be returning on 19 April to complete our inspection.

The inspection was carried out by a single inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert on this inspection had experience of caring for people living with the experience of dementia.

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 improvements they plan to make. We reviewed the information we held about the service, including notifications we had received from the provider and the findings of previous inspections. A notification is information about important events which the service is required to send us by law.

During the inspection, we spent some time observing care and support being delivered to help us understand people's experiences of using the service. We also looked at records, including six care and support plans, four staff records and records relating to the management of the service, including accidents and incidents, health and safety, medicines records and complaints. We spoke with nine people who used the service, one relative, 10 staff, including the operations manager, the manager, the former registered manager, the activities coordinator, a kitchen assistant, a domestic worker, a team leader, a senior support worker and three support workers. We also spoke with two external professionals who were visiting on the day of our inspection.

Following our visit, we emailed eight healthcare and social care professionals who were regularly involved in the care of people using the service to gather their views about the service, and received a reply from four.

Good

Is the service safe?

Our findings

At our last inspection on 17 March 2016, we found that people were at risk of receiving unsafe of inappropriate care because the provider had not done all that was reasonably practical to mitigate risks to people's health and wellbeing. At the inspection of 13 and 19 April 2017, we found that improvements had been made.

People told us they felt safe at the service. Their comments included, "Yes, very safe. They look after me and my clothes and my ornaments are always clean. They dust in my room too", "I have no concerns there at all" and "Yes, everything is safe. I am not concerned."

At our last inspection of 17 March 2016, we found that some cupboards containing cleaning products were not secured and could have been accessed by people who used the service. At this inspection, all cleaning products were securely locked away. At our last inspection, we also found that, in some of the communal toilets, emergency cords were tied up or placed out of reach, which meant that should a person have a fall, they may not have been able to call for help. At this inspection we saw that the provider had ensured that all emergency cords were within reach of people in all the toilets and bathrooms.

Where there were risks to people's safety and wellbeing, these had been assessed. Among the areas covered were risk from falls, pressure ulcers, malnutrition, infection and dehydration. Person-specific risk assessments and management plans were available and based on individual risks that had been identified. We saw detailed guidance was available for staff to follow on how to mitigate these risks. For example, where a person was identified at risk of falling, a 'falls prevention support plan' was put in place to mitigate the risk, and this was reviewed monthly. We saw that the plan was written in a person-specific manner and included recommendations for staff to follow.

At our last inspection of 17 March 2017, we saw that records were not always updated or available, and monitoring charts were not always consistently maintained and were disorganised in some cases. At this inspection, we saw that records were clear and regularly reviewed and updated, and monitoring charts were clearly completed and organised. For example, where a person's skin was at risk of pressure ulcers, the provider had put in place a skin integrity support plan. This included detailed instructions to staff to ensure the person's comfort and promote healthy skin such as 'staff to wash and apply cream to area when assisting with personal care'. A 'turning chart' was in place and we saw that this was reviewed regularly.

All areas of the home were clean and tidy and free of hazards. The home was in need of upgrading and redecoration, but we saw that improvements had been made since our last inspection, for example, some communal areas had been painted, the first floor lounge was wallpapered and brightly decorated to give a homely feel. People's bedrooms, although dated in places, were clean and easily accessible. The bedrooms we saw were spacious and fresh smelling and people had personalised their own rooms with photographs and objects of their choice. Bathrooms and shower rooms were well equipped and spacious with easy access and were comfortably warm. Sanitiser, aprons and gloves were readily available in all the bathrooms.

The provider had taken appropriate steps to protect people in the event of a fire and a risk assessment was in place. The provider undertook regular fire alarm tests and fire drills, including unannounced drills carried out at night and records of these were available. This ensured that all staff were able to follow the fire procedure in the event of a fire. People's care records contained up to date Personal Emergency Evacuation Plans (PEEPs) which took account of people's abilities and needs and detailed guidance for staff to follow to evacuate people safely in the event of a fire.

The provider had a health and safety policy in place. There were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. Equipment was regularly serviced to ensure it was safe and we saw evidence of recent checks. This included fire safety equipment such as fire extinguishers. Environmental risk assessments were in place and included electrical appliances, lighting, smoke detectors, call bells, fire doors and window restrictors.

Recruitment practices ensured staff were suitable to support people. This included checks to ensure staff had the relevant experience and qualifications. Checks were carried out before staff started working for the service. These included obtaining two references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check such as a Disclosure and Barring Service (DBS) check were completed.

Staff had completed training in safeguarding adults and records confirmed this. They were also aware of the provider's safeguarding policies. Staff we spoke with were able to give some definitions of abuse/neglect. One staff member told us, "If I had any concerns, I would immediately report it to the manager. I have done that when someone did not look happy or well. If I report something, action is taken and it is recorded. It means we are interested in people and they are safe. I can guarantee that people are safe here."

Staff were clear about how to respond in an emergency. Senior staff were available to help and support the staff and people using the service as required, and involving healthcare professionals when needed. All incidents and accidents were recorded and analysed by the provider and included action plans. We saw that incidents and accidents were responded to appropriately. This included calling 999 for a person who had a fall. We saw that the person had been seen by relevant healthcare professionals and a detailed plan was in place to prevent reoccurrence. This indicated that the provider had robust systems in place to protect people from the risk of harm.

People and their representatives told us they were happy with the staffing levels, and we saw there were enough staff on duty on the day of our inspection. On both days of our inspection, we saw that people were assisted promptly and we saw no indication that people had to wait to have their needs met. People and relatives confirmed this. Their comments included, "I ask them and they come the minute they are free or call someone to come. If I am in my room I use the bell on my table. They come quickly", "I ring the bell in my room and I keep it next to my bed and can always reach it. They come quickly day or night. There always seems to be enough staff" and "We use the bell when we are in the room and they come along right away."

People were happy with the way they were supported with their medicines. Their comments included, "The man usually helps me. He is nice and tells me what it is I am taking because I forget", "I have them in the morning with water and they bring them at breakfast. I know what they are for. They ask me if I need painkillers but I can ask for them when I want" and "I take it morning and night and they bring it to me wherever I am in the building. I talk to them about it and if I think it helps and they talk to me and my sister about it." A relative told us, "They help him and encourage him. I trust them to manage it."

Medicines were stored securely and appropriately, including controlled drugs and those requiring cold

storage. Medicines were disposed of appropriately and records kept. The service had been using an electronic medicines administration record system for a year. This was a system approved and recommended by pharmacists to improve and simplify medicines management and reduce the risk of errors.The electronic medicines administration records (MAR) charts were clear and completed correctly with signatures or, where appropriate, codes for refusals or omissions. We observed the team leader on duty during a medicines round and checked a random sample of MAR charts. On two occasions, we found that there was an extra tablet left in a pack although the signatures indicated that this medicine had been given. We discussed this with the team leader and the manager who told us that they would investigate this. We saw evidence on the second day of our inspection that the discrepencies had been investigated. The manager and operations manager had concluded that this had been a recording error which had occurred when the medicines had been carried forward from the previous month. The manager told us that to reduce the risk of further discrepencies, unused medicines would now be returned to the pharmacy at the end of each cycle so that the exact number of tablets corresponded to each day on the MAR charts. We were satisfied that no person had been put at risk on this occasion. All staff who administered medicines received regular training sessions and had their competencies assessed regularly. The team leaders carried out daily audits and these were audited weekly by the manager. This provided us with reassurance that people using the service were receiving their medicines as prescribed.

No-one in the service looked after their own medicines, but on admission each person had been assessed, so that if they chose to do so they could be supported safely. We saw that one person was receiving their medicines covertly. Their capacity had been assessed and a best interest decision made by the GP.

Good

Is the service effective?

Our findings

During our last inspection on 17 March 2016, we found that there was no evidence in people's care records that they had consented to their care and treatment, and we found little evidence of review of care or involvement in care planning processes beyond records of discussions with relatives. We also found that people's capacity had not always assessed when decisions about their care were made. At the inspection of 13 and 19 April 2017, we found that improvements had been made.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation Of Liberty Safeguards (DoLS).

Following our last visit, the provider had introduced systems to ensure they followed the principles of the MCA. The manager had identified people for which restrictions had to be put in place and had taken appropriate action to make sure these were in people's best interest and were authorised by the local authority as the Supervisory Body. For example, where a person was receiving their medicines covertly, we saw that a mental capacity assessment and a best interest meeting had been carried out, and a DoLS authorisation had been granted.

Staff told us that they encouraged people to be as independent as they could be. Staff had training in the Mental Capacity Act (MCA) 2005, and showed a good understanding of its principles. One staff member told us, "We must listen. People can still make decisions, even if they don't have capacity. In the morning, I show people a choice of clothing. They choose what they want to wear. They make that decision." We noticed that care plans were not always signed by people or their representatives, however, people confirmed that staff gave them the chance to make daily choices. Their comments included, "They let me do what I want each day and I can decide where I want to be like in my room, lounge, outside, joining in. They ask me if I would like help with things like dressing and walking and the bathroom. They always ask first. They talk to me and write down what I think in my book", "They make suggestions and ask my opinion. They have my care plan for me to read any time I want and write what I think. They ask if I want to add and change things" and "Yes we chat about what I would like to do and change and what I need help with. They write it down so everyone who helps me knows." The manager told us that they would improve the format of their current care plans to include people's signatures with immediate effect.

Some people were using bedrails. Care records showed that there were appropriate assessments in place, and included the reasons for the use of bedrails, discussion with the person or their representative or a best interest discussion.

People were supported by staff who had appropriate skills and experience. The manager provided us with a copy of a training matrix which showed the training that staff had undertaken and which training they were due to refresh. Subjects included safeguarding, health and safety, medicines management, food hygiene, moving and handling and infection control. There were also courses specific to the needs of the people who used the service. These included, dementia awareness, promoting dignity in care, diabetes and avoiding and reducing behaviours that challenge. We saw that all training was up to date, and staff confirmed that they undertook yearly refreshers. Staff told us they received 'excellent' training and felt confident in their role. This included the activities coordinator who said, "I get the same training as everybody else. MCA, safeguarding, challenging behaviour." This meant that staff employed by the service had the skills and knowledge to deliver the care to the expected standard.

All new staff were expected to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. The provider had implemented a thorough induction process. New staff were allocated a mentor who met with them regularly to discuss their progress in key areas such as person centred care, meeting essential care and support needs, communication and health and safety. The induction period included training and shadowing more experienced staff members for up to 12 weeks, or longer if necessary. We saw evidence of this in the staff files we looked at.

During the inspection we spoke with members of staff and looked at four staff files to assess how they were supported within their roles. Staff told us and we saw evidence that they were receiving regular formal supervision from their line manager. This provided an opportunity to address any issues and to feedback on good practice and areas requiring improvement. Staff also received a yearly appraisal. This provided an opportunity for staff and their manager to reflect on their performance and to identify any training needs or career aspirations. A member of staff told us, "I am training to be a team leader now. [Manager] suggested it. Again, I felt valued that he noticed I had potential."

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing and as an important aspect of their daily life. People's likes and dislikes were recorded in their care plans and menus were devised according to people's choices. There were laminated cards with pictures of different meals available to show people in case they were unclear. In addition we saw that people were shown the different food available at meal times so they could choose what they wanted at the point of service. People told us that the food was good. Their comments included, "Yes, very good. Lots on offer", "You can choose wherever you want to eat, even the garden. I always choose the lounge as it is comfy. The food is very good and you get a few choices, not the same old stuff every day. I was a commis chef so I know good food" and "It's all very good and they help me cut things. They know how I like things cooked too. Not soggy. The chef visits us and asks what we think or would like." A relative agreed and said, "It always looks very nice and they make it soft for him." People received adequate amounts to drink throughout the day whenever they wanted. One person told us, "I have loads of drinks all the time. Never a problem. They offer all the time and at night."

People were supported to maintain good health and had access to healthcare services. We saw evidence that the provider made a variety of referrals to external health professionals when needed. This included referrals to the Speech and Language Therapy (SALT) team and regular visits from the chiropodist. People and relatives told us, "I tell them and they arrange it. I also have the dentist and optician", "They sort all that. I had my eyes tested and feet done and all sorts", "They arrange it all so I don't have to and they remind me" and "That's all done for him and they call me or tell me what they are doing. It's very good." Records we checked confirmed this. The support plans we looked at contained individual health action plans. They contained details about people's health needs and included information about their medical conditions, mental health, dental, medicines, dietary requirements, lifestyle and general information.

The service was responsive to people's healthcare needs. Staff told us they were aware of people's healthcare needs and would know if they were unwell. One staff member told us, "If I saw somebody was not well, I would tell the manager straight away." The service had a good relationship with the GP practice and a regular GP visited weekly or more often if someone was unwell. The provider kept a record of the weekly visits which included the reason for the visit, details of the GP's examination, diagnosis and treatment.

The service worked closely with healthcare and social care professionals who provided support, training and advice so staff could support people safely at the service. Records showed that professionals visited people at the home and had established good working relationships with staff. Some people who lived with the experience of dementia had been referred to the Dementia Link Service and one of the service's workers was visiting on the day of our inspection. They told us, "The staff are really helpful and friendly and relatives also think the staff are really good. I have had nothing by good feedback about Kent Lodge and the manager." Another healthcare professional told us they felt that "the home is very good and the staff and manager are kind and friendly. I have never had any concerns."

Good

Is the service caring?

Our findings

People and relatives were complimentary about the care and support they received. Their comments included, "They are lovely. They give me time and don't rush us", "[Manager] took me to the shops and we had an hour together where he asked me what I like to drink and gave me the money. He chatted with me like we were mates. He is a very decent man and they are all nice", "They give you time. They are very nice and chatty", "They have a natter with me about anything or what I would like to wear, anything I need or want buying. All sorts", "They always have time for a chat" and "Yes they are very caring. They ask me how I am too. They are very patient."

Throughout the visit we observed a relaxed and calm atmosphere in the service and a lot of interaction between people and staff. All staff displayed a gentle and patient approach to caring throughout the day. We observed that staff communicated with people clearly and appropriately, making eye contact, offering choices and explaining what they were doing when assisting people. This included when a person was being assisted to the toilet during lunch. We observe the staff member to be calm, gentle and reassuring at all times, explaining that they would be returning to their lunch shortly.

The staff and the management team spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and their diverse needs. Staff, including the manager, were aware of people's needs, routines and behaviours and were able to explain how they supported different people. We saw evidence of kind and empathetic care. One staff member told us, "We all know people inside out. Relatives are happy too. We know them and make them feel welcome." People we spoke with felt that staff knew them well and understood their individual needs. One person told us, "They know me well and what I like. They remember." People also told us they could speak with staff in confidence if they wanted to. Their comments included, "Yes, they always listen and don't gossip", "Yes and I do. They make time and come and sit with you or they get the right person to help you." A relative agreed and said, "Yes, they ask if you would like to come to the office or a quiet lounge and ask if I would like to chat and [family member] can join or listen too."

Staff told us that the way they respected people's dignity was to give them choice, to knock at the door before going in, to give them the choice of being cared for by a male or female member of staff, and to explain things to them 'as you go along'. One staff member told us, "Whatever I have to do, I explain. I tell them not to worry. I make sure I cover intimate parts when I assist them with personal care." This was confirmed by people we spoke with. Their comments included, "Yes, they always knock. I have privacy if I want it and I can lock my door and in the bathroom too", "I like to do my own thing and I can. It's like being at home. I have a key if I want it for my room and I lock it at night. I have my dignity. They are good at that", "Yes, totally respect everything. I can lock my room and the bathroom. They remind me." A relative echoed this and said, "Very respectful of his needs and mine and there is still dignity observed even though he doesn't know. I am happy with this."

People told us their religious, cultural and spiritual needs were respected and we saw evidence of this in the care records we looked at. One person told us, "I join in the church service and the nun visits me."

People's last wishes were recorded in their care plans. Most people who used the service had 'advanced care plans'. These included what was important to them, such as where they wanted to end their life, what they worried about and what they did not want to happen. For example, one person's care plan stated that they wanted 'To have the last rites by a priest'. The manager told us that they undertook holistic assessments during admissions and reviews, to discuss with people and their representatives end of life preferences. The manager explained that when a person was approaching the end of their life, they had a discussion with all relevant people involved in the person's care, such as the GP, next of kin, and the palliative care service to ensure that the person's wishes were respected and they experienced a pain-free and dignified death.

We observed interactions between people and staff during lunchtime. Staff supported people who needed assistance with eating. There was a relaxed and unrushed atmosphere and staff appeared to have a good rapport with all the people who used the service.

We saw a 'Dignity Tree' displayed in the communal area. The activities coordinator told us, "I asked each member of staff to write something about dignity, which they all did. We made a tree out of each comment." The tree included a poem written by a staff member and included comments such as 'Dignity is the kind of care in any setting which supports and promotes and does not undermine a person's self respect regardless of any differences', 'Dignity allows our residents to feel respected, valued and connected to others around them' and 'I give them choice if they want assistance with personal care'. Throughout our inspection, we saw clear evidence that staff demonstrated the values of the dignity tree.

The service received cards and letters from relatives of people who used the service. We viewed a range of these and saw compliments such as, 'Bless you for all your hard work', 'I want to convey to you our thanks and unreserved praise for the sustained and heart warming excellence of the Kent Lodge staff' and 'Thank you for all the care you have given my [relative]. He has really enjoyed his time and because of your care, my mum and I have been able to relax'.

All the rooms we looked at had been personalised to people's tastes and contained ornaments, pictures, photographs and items of their choice. There were photographs on people's bedroom doors which helped them locate their own room.

Good

Is the service responsive?

Our findings

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive and we saw evidence that people had been involved in discussions about their care, support and any risks that were involved in managing the person's needs. People told us they had been involved in their initial assessment. One person told us, "They asked me a lot of questions and wrote it all down." A relative confirmed this and said, "I know how they care for [family member] because they chatted with me about it when we came here. I trust them and they tell me if they think he is ill or need to make a change to what he needs. They call me sometimes too, especially if he feels ill."

People were cared for by staff who knew and met their individual needs. Care plans were comprehensive and contained sufficient information to know what the care needs were for each person and how to meet them. Each person's care plan was based on the information collated during the initial assessment and was based on their needs, abilities, likes, dislikes and preferences. We saw that person centred guidance was available for staff to follow to ensure they knew the individual needs of each person. This included comments such as, '[Person] has to be reminded to slow down at mealtimes as he tends to eat very fast and drinks in a rush.' We saw evidence that staff followed these guidelines during our inspection.

People told us they enjoyed the variety of the activities on offer. Their comments included, "I like the singing and making things. We did some sewing. I like trips to the park and café", "I like TV and quizzes and [Manager] gave me some puzzle books and I went to the library" and "I love dancing and we do that and I play music, loudly and I love that too." A relative said, "[Family member] does not like joining in but he watches and they chat to him."

The service employed a full time activities coordinator. They told us that the provision of activities for people who used the service had greatly improved following a discussion with the manager. Each day, a member of staff from each floor was designated to support with activities. The activities coordinator added that having more time meant that they could plan activities better to suit people's individual needs, for example taking people to a live concert in a nearby park and more one-to-one sensory activities with people living with advanced dementia who could no longer get involved in group activities. Some staff had received training in therapeutic massage and the operations manager told us they would purchase aromatherapy oils for staff to use.

There was a number of group and individual activities organised on a weekly basis. Each person who used the service had a personal activity programme based on their preferences, likes and dislikes, and these were recorded in a 'Meaningful activities record'. Activities on offer included music and movement, afternoon movie, group exercises, pet therapy, flower arrangements, afternoon tea parties, arts and crafts and memory card game. Activity plans were displayed in communal areas and were available in a pictorial format. Around the home's communal areas and corridors, we saw displays of people's artwork and collages and photographs of people enjoying activities and celebrations with staff and families. The manager told us that staff involved people in every day activities such as peeling vegetables and hanging washing out.

The home had a large garden, paved and laid to lawn with walkways and handrails, mature flower beds and raised beds for people to help with gardening activities. There was a small summerhouse with seating inside for people to use in all weathers.The garden was accessible anytime during the day, and we saw evidence that it was used often by people who used the service.

There were sensory displays in the corridors and communal areas and colourful signage around the home. Areas of the home had been painted in bright and contrasting colours to facilitate orientation. For example, toilets were painted and labelled 'the red toilet' or the 'yellow toilet' which helped people identify these easily. This showed that staff understood the needs of people living with the experience of dementia and had developed the environment to meet their needs.

We observed throughout the day that staff interacted well with people and responded to their needs in a timely manner. Individual staff member's style of interaction with people changed based on who they were speaking with. This showed them to be responsive to people's needs rather than having a 'one size fits all' approach. Staff were patient and encouraging and supported people without rushing them. People were rewarded with kindness and praise.

The service had a complaints procedure in place and this was available to people who used the service and their relatives. People told us they knew how to make a complaint and were confident that their concerns would be taken seriously. Their comments included, "I would tell the manager or the staff. They are good listeners but I don't need to complain", "I would tell the management but I haven't had to" and "Anyone. They all listen." A relative agreed and said, "I would tell the manager. He is very good at answering questions and getting things done. You can see him anytime and he will call you. I haven't had to make a complaint." We saw that the provider was responsive to complaints and kept a log of all complaints received. We saw that each complaint had been acknowledged and had been followed by a full investigation and a full response had been provided to the complainant. This included where a relative had complained that a person using the service had entered their family member's room and had broken some items. We saw that staff had been issued guidance to keep the person's bedroom locked when they were not in.

People, their representatives and staff were encouraged to feedback about the service through meetings and quality questionnaires. These questionnaires included questions relating to how they felt about the care and support they received and whether people's needs were being met. It also included questions about the quality of the food, the environment and their social needs. We saw that the results showed an overall satisfaction. Some comments included, 'Staff here are very friendly', 'The home has a good atmosphere' and 'Very nice home'.

Good

Is the service well-led?

Our findings

People and relatives told us of the consistent high standards of care and support they received from all the staff at Kent Lodge. Their comments included, "They are very good here", "I like them all, and they are all very good", "They are kind and look after me, and the food is good", "They make it enjoyable with the activities and the staff are nice", "It feels like home and is comfy. The food is excellent", "They are all good and very patient. They work hard here" and "They all know what they are doing. They are well trained, not like some places you hear about."

The manager had been in post since November 2016, and had applied to be registered with the Care Quality Commission (CQC).

People and relatives were also complimentary about the management team and felt that they were approachable and they could speak with them at any time. Their comments included, "Yes, [manager] is very nice", "Yes he is a good man, [manager]", "Yes he is nice", "Yes you can have a chat anytime really. They call him in, he comes and asks if I'm ok and if I need anything or if I like my lunch", "Yes, [manager] asks what you think", "You can give feedback at meetings or write it. The chef also asks what you think of the food. She is very good" and "They ask you what you think and say you can call or leave a message at any time. [Manager] gets back to you very quickly."

Staff commented that they felt supported by the manager and spoke highly of them. They told us that the provider was caring and ensured that staff were supported and equipped to meet the needs of the people who used the service. Their comments included, "I have a lot of pride in my work. The manager tells us 'well done, good teamwork today'. It makes us smile", "Good staff, good management, good relatives. When I am home, I cannot wait to get back to work", "Absolutely brilliant! [Manager] walks the floor, talks to residents, [person's name] loves him to bits. If there is a problem, he will help the staff. I have heard several staff say, 'He is good. At least things get done'. He is strict, but that's what we want", "Things are good and improving all the time. The manager is great and hands on. He comes in and speaks to all the residents, interacts with them throughout the day. He makes sure activities take place every day. I notice and other staff notice the difference", "We feel valued. The manager says 'thank you' to everyone at the end of the day. It makes you feel good", "[Manager] is lovely. So friendly. He knows all the residents and staff. He is hands on. He knows what he wants and goes for it, like we needed new curtains, so he pushed and pushed until we got them", "I love my job" and "The way this place is being run is fantastic. I know I can approach the manager anytime and he will help me. We have a good team." A visiting professional told us, "The manager is so bubbly, happy and motivated. He listens and wants improvements. He has that ability to listen. They seem to keep their staff here. For me, that's a compliment for the management. The admin person is wonderful."

Staff told us they had regular meetings and records confirmed this. The items discussed included safeguarding, health and safety and issues concerning people who used the service. People and relatives confirmed that they were invited to regular meetings and we saw evidence of these. One person told us, "We have meetings. They are good because they ask you what you think" and a relative confirmed this and said, "We have relatives and residents meetings and they listen to what you think and suggestions about new

things and changes. They give you updates on this. They remind you about the meetings and make you feel welcome." Items discussed included staffing, activities, meals and the environment.

There were regular management meetings which included discussions about quality and governance, audits and action plans and incident analysis.

The provider had robust auditing systems in place to review the quality of the care provided. These included medicines audits, environmental checks, health and safety checks, care records and staff files, including supervision and appraisal. Audits were undertaken monthly by the manager and where necessary, action plans were put in place to make necessary improvements in the service. We viewed a range of audits which indicated they were thorough and regular. In addition, the operations manager visited regularly and undertook detailed checks of all areas audited by the manager to ensure that improvements were made and action plans were followed. The manager told us, "She keeps me on my toes."

The provider had a recruitment incentive scheme for existing employees. For example, if an employee introduced a new care worker and this appointment was successful, the member of staff received a financial bonus.

There was a board in the entrance hall which displayed the provider's liability insurance certificate, health and safety information, the complaints procedure and the rating of their last inspection.

Service user guides were issued to all the people living at the service. They included a statement of purpose, a service agreement and information about the service and the organisation, its aims, objectives and values.

The registered manager told us they attended provider forums organised by the local authority, and undertook relevant courses to keep abreast of developments within the social care sector.