

## Alliance Care (Dales Homes) Limited

# Birkin Lodge

### Inspection report

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24 September 2018

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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

This inspection was carried out on 20 and 24 September 2018. The inspection was unannounced on the first day.

Birkin Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

Birkin Lodge is registered to provide accommodation, nursing and personal care for up to 50 people. It can accommodate older people and people who live with dementia. There were 31 people living at the service at the time of our inspection.

At the last comprehensive inspection on 19 July 2017, the service was rated 'Requires Improvement' overall with safe and well-led rated as Requires Improvement. Effective, caring and responsive were rated as Good. We told the registered persons that the improvements they had made following the inspection in December 2016 needed to be used consistently and embedded. At this inspection we found that the improvements had been sustained and the service was now rated 'Good' overall.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager worked at another of the providers locations and had added Birkin Lodge to their registration. The registered manager had split their time between the two services whilst the recruitment of a new manager commenced. The new manager had started in post in the week of the inspection and was completing their induction.

People felt safe and were protected from the potential risk of harm and abuse. Nurses and care staff had been trained to understand the potential signs of abuse and knew the action to take if they had suspicions. Potential risks to people to maintain their safety had been assessed and mitigated. The premises were well maintained and equipment had been regularly serviced to ensure it was in good working order.

People's safety in the event of an emergency had been assessed, with guidance to inform staff how to keep people safe. Accidents involving people were monitored with action taken to prevent the risk of reoccurrence. People were protected from the risk of infection with cleaning schedules in place to promote the prevention and control of infection.

There were suitable numbers of nurses and care staff deployed to meet people's needs. Staff were recruited safely following the provider's policy and procedure. Nurses and care staff received the appropriate training, skills and knowledge to meet people's needs. Staff received support from the management team to fulfil their role and meet people's needs.

Medicines were observed to be administered safely by registered nurses. Systems were in place for the ordering, obtaining and returning of people's medicines. Nurses had received training in the safe administration of medicines and their competency had been assessed by the clinical lead. Medicines requiring additional safe storage were stored safely and securely.

People's needs were assessed prior to them receiving a service. People received a personalised, person centred service which was responsive to their needs. People were involved in the development and review of their care plan. Guidance was in place to inform staff of how to meet people's needs whilst encouraging and promoting their independence.

People were supported to maintain contact with people that mattered to them. People's diversity was recorded with action taken to ensure people's rights were promoted and maintained. People were encouraged to make their own choices about their lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to maintain their nutrition and hydration. Appropriate referrals were made to health care professionals when concerns had been identified. The management team worked in partnership with external organisations to ensure people remained as healthy as possible.

Staff were kind and caring towards people. We observed that people felt comfortable in the presence of staff. Staff respected people's privacy and dignity. Staff knew people well and had knowledge about people's histories, likes and dislikes.

People were supported to take part in a range of activities to meet their needs and interests.

People were supported to express their views and were involved in the development of the service they received. Complaints were investigated and responded to in line with the providers policy.

The registered manager and management team worked in partnership with external organisations to promote best practice.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the entrance hall and on their website.

## 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 felt safe with the staff and were protected from the risk of avoidable harm.

Potential risks to people, staff and others had been mitigated.

There were enough nurses and care staff to meet people's needs. Safe recruitment practices had been followed.

The premises and equipment had been maintained to promote people's safety. Procedures were in place for the event of an emergency.

Medicines were managed safely and administered by trained nurses that had their competency assessed.

### Is the service effective?

Good ●

The service was effective.

People were supported to maintain their nutrition and hydration.

People were supported to remain as healthy as possible with support from relevant health care professionals.

People's needs were assessed prior to receiving a service. People were supported with the transition of moving between services.

Nurses and care staff had been given the training and support they required to meet people's needs.

People were supported to make choices and decisions about their lives.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and respect. People's privacy

and dignity was supported by staff.

Care plans recorded any specific communication support the person required. People had been involved in the development of their care plan.

Staff knew people well and were aware of their likes, dislikes and personal histories.

People were supported to maintain contact with people that mattered.

Information and people and staff was kept private.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were offered a wide range of activities to meet their needs and interests.

People received personalised care that placed them at the centre of the service.

Systems were in place for people to raise concerns or complaints.

Important information had been designed to meet people's needs.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was an open culture between the management and care team. Staff were kept informed about changes to people's needs or their role.

There was a strong set of values that all staff were aware of and worked towards.

Systems were in place to monitor the quality of the service that was provided to people. People and others feedback was sought and acted on.

The registered manager and the care team worked in partnership with external organisations.

The registered manager was aware of their legal responsibilities

and their role.

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# Birkin 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 registered persons continued to meet 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.

We visited the service on 20 September 2018 and 24 September 2018 and the inspection was unannounced on the first day. The inspection team consisted of one inspector, a specialist professional advisor and an expert by experience. The specialist professional advisor was a nurse. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

We used information the registered manager sent us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered manager is required to tell us about.

During the inspection visit we spoke with eight people who lived in the service and eight relatives. We also spoke with the visiting GP and a visiting optician. We spoke with eight staff, which included one care assistant, a senior care assistant, a nurse, the chef, an activities team member, the deputy manager, the registered manager and the newly recruited manager. We observed care that was provided in communal areas and looked at the care records for four people who lived in the service. We also looked at records that related to how the service was managed including four staff recruitment files, training and quality assurance.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of four people who lived with dementia and who could not speak with us.

## Is the service safe?

### Our findings

People told us they felt safe with the staff at Birkin Lodge and felt the staff were competent and able to meet their needs. Observation showed people were relaxed in the presence of staff, they were chatting, laughing and giving eye contact.

People were protected from potential abuse and avoidable harm. Staff received training in safeguarding adults and knew the action to take if they had any suspicions. There was an up to date policy and procedure in place which included the local authorities protocol and contact details. A record was kept of all safeguarding concerns that had been raised, this included details of any action that had been taken and the date the concern had been closed by the local authority.

Staff had up to date information to meet people's needs and to reduce risks. Potential risks to people in their everyday lives had been identified, such as risks relating to personal care, mobility, nutrition and hydration, choking and the use of bedrails. Each risk had been assessed in relation to the needs of the person. Measures were in place to reduce risks and guidance was available for staff to follow about the action they needed to take to protect people from harm. If people required specific equipment, a risk assessment had been completed, for example the use of a profiling bed and an air mattress. Risk assessments were kept under constant review by the management team. General risks relating to people, staff or visitors had been assessed such as, the management of clinical waste, the lift and slips, trips and falls.

There were enough care staff and registered nurses to meet people's needs. People's needs were assessed on an individual basis and were regularly reviewed. Records showed staffing levels had increased when a person's assessed needs had increased. The deputy manager who was a registered nurse and the clinical lead for the service, spent half of their week working as part of the care team. This enabled the management team to monitor and observe staffing levels as well as role model good practice. Care staff were supported by ancillary staff. Following feedback from people and staff an additional member of the catering team was being employed to support with breakfast. Observation showed that people did not have to wait for staff when they required support.

New staff were recruited safely through the provider's central recruitment department. Recruitment records included the required pre-employment checks to make sure staff were suitable and of good character; these included obtaining a full employment history, identification checks, references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check helps employers to identify people who are unsuitable to work with adults in vulnerable settings. The Nursing and Midwifery Council (NMC) PIN numbers for the registered nurses were recorded and a system was in place to check when the nurse's registration with the NMC was next due. Processes were in place to check that nurses completed the formal revalidation process.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. The provider employed a maintenance person who was available within the service during the week and was on



call for urgent work. A maintenance book was used for staff to record any repairs found. Work was undertaken in a timely way. Records showed that equipment such as hoists and pressure relieving mattresses had been checked and serviced within the recommended dates.

Accidents and incidents were recorded and monitored on a regular basis. Staff completed an accident form which was then investigated and reviewed by a member of the management team. A monthly analysis of all incidents and accidents had been completed by the management team; this highlighted any patterns or trends that had developed.

Each person had a personal emergency evacuation plan in place which provided guidance to staff on how to support people in an emergency. The provider had a business continuity plan in place for the event of an emergency such as, extreme weather, utility failure or a flood. An emergency 'grab bag' was stored securely in the reception area, along with items such as torches and first aid equipment. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Action had been taken when shortfalls were identified. Action such as, following a fire drill the time taken to evacuate the building was deemed as too high; as a result, further fire drills were completed to ensure efficiency in evacuating the building. People's safety in the event of a fire had been assessed and recorded.

Suitable arrangements were in place to safely order, administer and dispose of people's medicines in line with national guidelines. People told us they received their medicines regularly which were administered by the nurses. Nurses had received training in the safe administration of medicines and had their competency assessed by the deputy manager. We checked medicines against the records within the service and observed the administration of people's medicines. Medicines were observed to be administered in a calm and unrushed manner, ensuring people received the support they required. People's prescribed medicines were stored in locked cupboards within their bedrooms.

The clinical medicines room was used to store any excess medicines, creams, nutritional supplements and thickeners. Appropriate procedures were in place for the storage and use of oxygen cylinders which were locked to the wall and for the use of medicines that required refrigeration. The room temperature was checked and recorded daily and had remained within appropriate limits. There were suitable arrangements for the storage and recording of medicines which required additional safe storage. Each person had detailed information and written guidance for staff in relation to 'as and when required' (PRN) medicines. The guidance included the reason for administration, the frequency, and the maximum dose that could be given over a set period of time.

Lessons were learnt and improvements were made to the service people received when things went wrong. Following a medication error, when a person's pain patch was administered one day late. A procedure was implemented to ensure this error did not reoccur; the nurse in charge of medicines for that day held responsibility for the administration and informed the rest of the care team at the morning meeting. A memo was sent out by the provider to all their services following an incident at another service where a person had fallen off their commode, as a result every commode within each service was checked by the maintenance team.

People were protected from the risk of infection, by the systems and processes that were in place, to prevent and control the risk of infection. The provider employed housekeeping and laundry staff to maintain the environment. We observed the service was clean and odour free. All staff received training in infection prevention and staff were observed using personal protective equipment such as, gloves and aprons. Substances hazardous to health were kept securely within a locked cupboard in order to minimise the risk of people using them inappropriately.

## Is the service effective?

### Our findings

People told us they enjoyed the variety of food, and that snacks and drinks were always available. The provider had recently invested in a drinks machine within the lounge to enable people and their relatives to make their own drinks. A selection of homemade cakes and fruit were also displayed in the lounge for people to access.

People were supported to maintain their nutrition and hydration. The provider employed a catering team that included a chef and kitchen assistant who worked seven days a week. People were offered a choice of two meals or they could choose an alternative if it was preferred. Meals were freshly prepared and cooked with locally sourced ingredients, and were nutritionally balanced. We observed the lunch service in the dining room, lunch was relaxed with people chatting to one another across the table. On the first day of our inspection during the lunch service, staff noticed that a person had not eaten their meal; staff asked the person what they would like to eat and this was made. The person then ate everything on their plate.

People's nutritional needs had been assessed and recorded; these had been reviewed on a regular basis. People who had been assessed to be at a high risk of malnutrition or dehydration had a record of their food and fluid intake. People's weight had been monitored on a regular basis, this was completed in conjunction with a nutritional screening tool. Records showed that people had been referred to a dietician when there had been a concern over their weight. Staff worked with the dietician to ensure the recommended guidelines were followed. The catering team were aware of people who had specific dietary requirements such as, a fortified diet and a soft or pureed diet. A copy of any specific eating guidelines, likes, dislikes and allergies were kept in the kitchen for each person and were titled a 'food passport'.

People's health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. Each person had a specific care plan which detailed the support they required to manage any specific health conditions. A record was kept of any appointments that had taken place, what the appointment was for and any follow up action that was required. The service worked in partnership with the local GP who visited the service each week to review anyone that the nurses or care staff had raised concern about. The deputy manager met with the GP and reviewed people that had a medical issue or who had been highlighted as a concern. People were then able to receive the appropriate treatment and support they required without delay.

People's needs were assessed with them or their relative prior to receiving a service. Initial referrals came through social services or people could self-refer. A member of the management team then completed an assessment with people and their families. This information was transferred into a care plan for the person. People's protected characteristics, such as their race, religion or sexual orientation, were recorded during the initial assessment. People were supported to complete a gender preference form for their personal care, which was respected by staff. People's specific cultural beliefs were recorded and action had been taken to support people to maintain their beliefs such as, church services taking place within the service. There were equality and diversity policies in place for staff to follow, this helped staff promote people's rights.

People were supported with the transition of moving between services. One person had started to stay at the service for small amounts of respite. The number of days the person was spending at the service had been gradually increased with the view that the person would move into Birkin Lodge permanently. This provided the person with consistency and continuity whilst building a relationship with the staff team. People were able to bring items of furniture that had meaning to them to personalise their bedroom. One person had chosen to bring their own electric recliner chair from their home to use in the lounge, the person told us this was their "comfy chair." The registered manager had arranged for the chair to be tested to ensure it was safe to be used by the person.

The décor supported people that lived with dementia to move independently around the service. Bathroom and toilet doors were painted in solid colours. The toilet seats and hand rails were in solid colours to ensure they were easily identifiable. People were observed moving freely around the service. People had access to a large outdoor garden that was accessed from the ground floor. The garden had been used to host BBQ's and parties in the warmer weather. One person told us that they enjoyed sitting by the window and watching the variety of wildlife.

People received nursing and personal care from staff that had the skills and knowledge to meet their needs. Staff were trained and supported to develop the skills and experience required to meet people's needs. Staff spoke highly of the training they received, comments included "Training has been very good" and "Training is fantastic, they do it in a way that is fun but also serious." Training courses had been adapted to meet the learning style of individual members of staff. One member of staff when speaking about the training commented, "It is very easy to understand with the way it is presented." The registered manager used a training matrix alongside an online system to ensure staff had received the training they required. There was an ongoing programme of training which included face to face training, mentoring, online learning and competency assessments. The clinical lead for the service supported the registered nurses with their continuing professional development training. Registered nurses were supported to maintain their skills and Nursing and Midwifery Council (NMC) registration as part of the revalidation process. These courses enabled the registered nurses and staff to feel confident in their role and provide people with the care and support they required.

New staff had undertaken the provider's induction which included training, completion of the Care Certificate and working alongside experienced staff. The Care Certificate includes assessments of course work and observations to ensure staff meet the necessary standards to work within the care sector. Care staff were offered the opportunity to complete a formal qualification during their employment. For example, QCF in Health and Social Care, this is an accredited qualification.

Staff told us they felt supported in their role by the management team. Systems were in place to provide support to staff, through supervisions and an annual appraisal. This was to provide opportunities for staff to discuss their performance, development and training needs. The registered manager supported staff that required additional support to fulfil their role such as, working with advocates to ensure they were providing appropriate support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The registered manager, management team, nurses and the care staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS). All staff had been trained to understand and use these in practice. We observed staff seeking people's consent prior to being supported. The registered manager had carried out MCA assessments with people and/or their relatives for 'less complex decisions' such as, agreeing to the care plan. Records showed that when people lacked the capacity to make certain decisions about their lives, their relatives and the relevant health care professionals were involved to make sure decisions were made in their best interests.

The registered manager understood their responsibility for making applications to the local DoLS team, when a person was being deprived of their liberty. Records showed standard and urgent applications had been made to the local DoLS team. A record was kept of any conditions that had been put into place once an application had been authorised.

## Is the service caring?

### Our findings

People told us the staff were kind and caring towards them at all times. Comments included, "The carers are all very nice. All the girls are lovely", "The carers try to help people. I do appreciate all their hard work", and "The home is fine, it's perfectly good." We observed warm and friendly exchanges between people and staff.

Relatives spoke highly of the staff team and the service their loved one received. Comments included, "The staff are all lovely. It's a lovely home", "The home is fantastic. The staff are lovely and there is always someone on hand" and "I am thrilled with the home. A hotel wouldn't be better."

Staff knew people well and followed people's specific communication care plans; this was to promote effective communication. People and their families were encouraged to record information about their likes, dislikes, personal histories and memories. Staff would use this information to engage people in conversations and get to know people's histories. Some people had a 'wishing well' which recorded what the person wanted to achieve and then the steps that were required from staff to fulfil the person's wish. For example, one person had wished to keep up to date with the wider community. Staff supported that person to access the community and read daily newspapers.

People agreed that staff protected their privacy and dignity. We observed staff knocking on people's bedroom doors and waiting for a reply before entering. Staff had access to and used a privacy screen when moving people from a communal area, this was to protect the person's dignity. Staff gave examples of how they protected people's privacy and dignity whilst offering them care and support. For example, closing doors, covering people up with a towel following personal care, closing the curtains and using the privacy screen to block the view.

People and their relatives were involved in the development and review of their care plan. People's care plans recorded what people could do for themselves, followed by the support they required from staff. Observation showed that people were encouraged to maintain their independence as much as possible. People and their relatives were asked for their views about the service. People were supported to attend regular 'resident/relative meetings', these meetings provided people with an opportunity to raise any concerns or make suggestions about the service. Following feedback from relatives the time of the meeting was changed to alternate between an afternoon one month and an evening the following month. People and relatives could meet with the registered manager on a one to one basis at any point to discuss any concerns or suggestions they had.

People were supported to maintain as much contact with their friends and family as they wanted. Relatives and visitors told us they felt welcomed when visiting and there were no restrictions on what times visitors could call. The activities co-ordinator had recently introduced a piece of software that enabled relatives to email or contact their loved one at any time. A drinks facility was available for family members to access. Relatives were encouraged and offered the opportunity to dine with their loved one. Families were written to inviting them to the care review of their loved one. A record was kept of all contact that had taken place with the person's family members.

Information about people was treated confidentially. The registered manager, management team and administrators were aware of the new General Data Protection Regulation (GDPR); this is the new law regulating how companies protect people's personal information. The provider had sent a memo out to all staff reminding them of their responsibilities. People's care records and files containing information about staff were held securely in locked cabinets. Computers were password protected and all documents were encrypted and sent password protected.

## Is the service responsive?

### Our findings

There were a range of activities available to people to meet their needs and interests. People spoke highly of the singing groups that visited the service regularly. On the first day of our inspection a singing group had been arranged for the afternoon. People were observed singing, smiling and tapping their feet to the music.

The provider employed an activities team that was managed by an activities co-ordinator. Activities were planned a month in advance and were available throughout the day. An activities plan was given to people and was also available on the notice board on each floor. One person told us how they kept a copy of the plan next to their chair; they used this to mark which activities they wanted to participate in. Activities were offered within the service and out in the local community. The service had shared access to a minibus and arranged visits to places of interest to people. One person told us how much they enjoyed a recent visit to Lavender Fields. A hair salon was available within the service for people to access by making an appointment. We observed people participating in memory games and reminiscence. People were engaged and actively taking part throughout the activity.

People told us and observation confirmed that the nurses and staff were responsive to their needs. One person commented that Birkin Lodge was "home from home" speaking positively about the service. People received personalised care which placed them at the centre. Care plans were person centred and contained information about how each person should be supported in all areas of their care and support. Care plans were detailed and informed staff what the person's abilities were and the support they required from staff. Staff spoke confidently about people's needs, their backgrounds and the care and support they required. People's care plans provided consistent and up to date information. Care plans were reviewed on a regular basis to ensure the information was up to date and continued to inform staff how to meet their needs.

People told us they felt comfortable to raise any concerns or complaints that they had. One person told us they had raised an issue regarding the noise the night staff made, this had been acted on. The provider had a complaints policy and procedure in place which people, relatives and staff were familiar with. Complaints and compliments were recorded monthly and these were audited by the registered manager. Records showed there had been two formal complaints raised in 2018. These had been investigated and responded to in line with the provider's policy. Action had been taken and the complainant had been written to informing them of the investigation outcome and the action that had been taken.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Care plans confirmed the assessment of people's communication to identify any special communication needs. This was to ensure people who lived at the service had information in the most accessible format. Bathrooms and toilets were clearly identifiable for people to access independently. The provider had produced information in accessible formats, such as the complaints procedure.

No one living at the service was receiving end of life care at the time of our inspection, although the deputy manager told us that people would be supported to receive the care and support they needed and their

wishes would be respected. The management team had worked in partnership with the local hospice and the district nursing team to ensure people that were near to the end of their life had the pain relief they required. Some people had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form in place. DNACPR forms indicate where a medical decision has been made by a doctor with the person or their representative that cardiopulmonary resuscitation would not be attempted if the person stopped breathing or their heart stopped beating.



# Is the service well-led?

## Our findings

People and their relatives told us they felt the service was well run and the management team were approachable. Throughout our inspection we saw people and relatives approaching the management team and being given the time they needed.

At the time of our inspection the registered manager had been supporting the deputy manager for a period of three months. The registered manager had applied to CQC to add Birkin Lodge to their registration. The registered manager worked at another of the provider's services and had split their time between the two whilst a new manager was recruited. The new manager had started at the service in the week we inspected. The new manager was working alongside the registered manager whilst completing their induction into the organisation.

There was an open culture between staff and the management team. Staff spoke highly of the support they received from the management team and said that the registered managers door was always open if they wanted to discuss anything. Staff understood the management structure and who they were accountable to. Staff said they understood their role and responsibilities and said this was also outlined in their job description and contract of employment. The registered manager used staff meetings to keep staff informed about any changes that were going on within the service. Notes and action logs were completed for each meeting to ensure that items were carried forward and action was taken. The registered manager was in the process of starting a staff forum with other locations, this would give staff the opportunity to raise any queries or concerns anyone in the team had.

Staff handover between shifts and communication books highlighted any changes in people's health and care needs, this ensured staff were aware of any changes. We observed the handover between the night staff and day staff on the second day of our inspection. There was a discussion about each person and how they were following an outbreak of a sickness bug. Appropriate steps had been taken to isolate people that had been affected and to reduce the spread of infection. The deputy manager advised all staff to complete barrier care nursing to reduce the risk of the infection spreading any further. The registered manager sought advice from the internal director of nursing and the decision was made to close the service to all non-essential visitors.

Staff were aware of the provider's values as an organisation and spoke about how they implemented these within their working day. Each member of staff was given a card and key chain recording the companies' set of values. Staff and the management team spoke passionately about ensuring people received a high-quality person-centred service, this was confirmed through our observations.

The registered manager and senior management team carried out regular audits to assess the quality of the service and identify areas for improvement. There was a schedule of audits which were carried out on a regular basis either weekly or monthly. They included audits of care documentation, health and safety, tissue viability, complaints and activities. If any shortfalls were identified action was taken to make improvements. For example, to increase the use of the garden and external outings which had been

completed. The regional manager completed a monthly audit that involved speaking with people, relatives and staff. Information from the audits was sent monthly to the senior management team and the companies' Board.

People and relatives were asked for their feedback about the service. An annual satisfaction survey was sent out asking people to give their opinion of the service they or their loved one received. These surveys were also available in easy read format. The results from the 2018 survey had been collated and analysed. The provider produced an analysis of the results from the previous year as well as compared to the overall organisation. Records showed the score had increased and people were happier in the recent 2018 survey compared to the 2017 survey. Any action that was required was displayed and comments from people were listened to and acted on. For example, to ensure the notice board was updated by 3pm each Monday.

The registered manager and management team worked in partnership with other agencies to provide people with a joined-up delivery of care. There was weekly contact with commissioners regarding any available beds within the service. There was also a direct line to the tissue viability nurse where they could seek advice if there were concerns regarding a person's skin integrity. The registered manager had developed links with the local hospice team, who had delivered 'end of life' training to the care team. The registered manager and the management team had recently started an external project with an organisation to promote dementia friendly environments.

The registered manager and the management team understood their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had died or had an accident. All incidents had been reported correctly. The administrator kept a log of all notifications that had been submitted, this included the unique reference number and an overview of the notification.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that those seeking information about the service can be informed of our judgements. The provider had conspicuously displayed their rating both on their website and in the service.