Vijaykoomar Kowlessur

Shenley Lodge

Inspection report

34 Abbey Road
Enfield
London
Middlesex
EN1 2QN

Tel: 02083631173

Date of inspection visit:
21 August 2018

Date of publication:
19 September 2018

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 took place on 21 August 2018 and was announced. The provider was given 24 hours' notice because the location provides a service for people who may be out during the day, we needed to be sure that someone would be in. At our previous inspection in December 2015 we rated this service "Good" however we found one breach of regulations with regards to safeguarding people from abuse and improper treatment. We found that the provider had taken satisfactory actions in response to the last inspection report.

Shenley Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Shenley Lodge provides care and support for up to seven people with learning disabilities. At the time of our inspection there were seven people using the service. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager at the service at the time of our inspection. 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 and associated Regulations about how the service is run.

Relatives and health and social care professionals told us they felt the service was safe and there were enough staff to meet people's needs. Staff were trained in safeguarding and knew how to safeguard people against harm and abuse. People's risk assessments were completed, regularly reviewed and gave sufficient information to staff on how to provide safe care. Staff kept detailed records of people's accidents and incidents. Staff wore appropriate protection equipment to prevent the risk of spread of infection. Medicines were stored and administered safely. The home environment was clean.

Staff undertook training and received regular supervision to help support them to provide effective care. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is legislation protecting people who are unable to make decisions for themselves or whom the state has decided need to be deprived of their liberty in their own best interests. We saw people were able to choose what they ate and drank. People told us they enjoyed the food. The home was well decorated and adapted to meet their needs of the people.

People and their relatives told us the staff were caring. We found that care records were in place which included information about how to meet a person's individual and assessed needs. People's cultural and religious needs were respected when planning and delivering care. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could

feel accepted and welcomed in the service. People had access to a wide variety of activities. People's end of life wishes were explored.

The management of people's finances was not robust. We have made a recommendation about the management of people's finances.

The service had a complaints procedure in place and we found that complaints were investigated and where possible resolved to the satisfaction of the complainant. However, the service had not formally responded to people's complaints.

Staff told us the service had an open and inclusive atmosphere and the registered manager was approachable and listened to concerns. The service had various quality assurance and monitoring mechanisms in place.

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. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns.

Risk assessments were in place which set out how to manage and reduce the risks people faced.

Medicines were recorded and administered safely.

Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

The management of people's finances was not always robust.

People were protected by the prevention and control of infection.

Is the service effective?

Good

The service was effective. Staff undertook regular training. Staff received regular supervision and appraisals.

The provider meet the requirements of the Mental Capacity Act (2005) to help ensure people's rights were protected. The registered manager and staff had a good understanding of Deprivation of Liberty Safeguards (DoLS).

People were supported to drink sufficient amounts and eat nutritious meals that met their individual dietary needs.

People's health and support needs were assessed and appropriately reflected in care records. People were supported to maintain good health and to access health care services and professionals when they needed them.

Is the service caring?

Good

The service was caring. People and their relatives told us that they were well treated and the staff were caring. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care plans to meet their needs were developed and reviewed with their involvement. Staff demonstrated a good understanding of people's individual needs and preferences.

People had opportunities to engage in a range of social events and activities.

People and their relatives knew how to make a complaint if they were unhappy about the home.

The service had an end of life policy for people who used the service. The service explored people's end of life wishes.

People's cultural and religious needs were respected. Staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

Is the service well-led?

Good

The service was well-led. The service had a registered manager in place. Staff told us they found the registered manager to be approachable and supportive.

Relatives and health and social care professionals told us that the service was well run and they received good care.

The service had various quality assurance and monitoring systems in place.

Shenley 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 21 August 2018 and was announced. The provider was given 24 hours' notice because the location provides a service for people who may be out during the day, we needed to be sure that someone would be in. The inspection team consisted of one inspector.

Before we visited the service we checked the information we held about the service and the service provider. This included any notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law. The inspection was informed by feedback from professionals which included the local borough contracts and commissioning team that had placed people with the service, the local borough safeguarding adult's team and health and social care professionals. We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers 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.

During our inspection we spoke with the registered manager, and two support workers. We also spoke to two people who used the service. After the inspection we spoke with three relatives. We looked at three care files which included care plans and risk assessments, three staff files which included supervision and recruitment records, quality assurance records, three medicine records, four finance records, training information, and policies and procedures.

Good

Is the service safe?

Our findings

People and their relatives told us they felt the home was safe. One person told us they felt safe because, "They [staff] look after me really well." One relative said, "Yes [relative] is safe. They do look after [people who used the service]." Another relative told us, "No issues about [safety]. The door security is good. Always felt confident [relative] is being looked after." A health and social care professional told us, "There is always staff at hand who monitor the environment and the safety of [people who used the service]."

Staff were aware of the various forms of abuse that could occur and the signs to identify them. They were aware of how to report any safeguarding concerns in line with the provider's safeguarding procedure. Staff told us they were confident that the registered manager would take appropriate actions to keep people safe. One staff member said, "I would report it to my manager. I would report to CQC and social worker [if registered manager did not follow up]." Another staff member told us, "I would record everything and report to the manager. If she did no further actions would report to CQC and social services." The registered manager understood their responsibilities in safeguarding people including investigating concerns, liaising with the local authority and notifying CQC.

Care records each contained a set of risk assessments, which were up to date, detailed and reviewed regularly. These assessments identified the risks that people faced and the support they needed to prevent or appropriately manage these risks. Risk assessments included personal well-being, eating habits, kitchen, behaviours, epilepsy, absconding, incontinence, emotion and physical aggression, finances, mobility, medicines, and sleeping. Where risks were identified, plans were implemented to keep people safe. For example, one person was at risk of binge eating. The risk assessment recorded how to support this person. The risk assessment stated, "Staff to encourage [person] to have his meal on time and to also offer alternative menus if he wishes. He should be involved with the designing and choosing of food." Another person had been diagnosed with epilepsy. Information was included in the care records on how to support someone with an epileptic seizure. Staff had also received training on supporting people with epilepsy. This meant the risk assessment processes were effective at keeping people safe from avoidable harm.

The home did not have effective systems in place in regards to the management of people's finances. The home looked after money for all the people who lived at the service. The home kept records of any money that was given to the person and kept receipts of items that were bought. Financial records were signed by two members of staff. We found discrepancies for four people who used the service. For example, one person had recorded a balance of £249.68 kept at the service however when we checked the money the balance was £250.00. Another example, one person had recorded a balance of £361.66 however the actual amount of money we counted was £362.00. This meant people were at risk of potential financial abuse.

We recommend that the service seek advice and guidance from a reputable source, in relation to having a robust system in place for the management of people's finances.

Accident and incident policies were in place. Accidents and incidents were documented and recorded and we saw instances of this. We saw that incidents were responded to and outcomes and actions taken were

recorded.

From our observations there were sufficient staff on duty to provide care and support to people to meet their needs. The registered manager told us staffing levels were based on people's needs safely. A relative said, "They [staff] are not rushed. Sometimes two or three staff there." Another relative told us, "Always been pleased with staffing levels. Staffing is pretty stable. Seems to be the same staff. I am reassured with that." One staff member said about staffing levels, "Enough staff as [it is a] small care home. We are calm and no pressure." Another staff member told us, "We do have enough staff. If someone calls in sick the manager will call someone to cover. We work like a team here." A health and social care professional told us, "The service has lots of staff on duty."

The home followed safe recruitment practices. Staff recruitment records showed relevant checks had been completed before staff had worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

During the inspection we checked medicines storage, medicines administration record (MAR) charts, and medicine supplies. All prescribed medicines were available at the service and were stored securely in a locked medicine trolley. The medicine trolley was also locked to the wall for extra security. This assured us that medicines were available at the point of need and that the provider had made suitable arrangements about the provision of medicines for people using the service. A health and social care professional told us, "The medication is managed properly. I often review MAR sheets."

People received their medicines as prescribed. MAR charts were appropriately completed and signed by staff when people were given their medicines. Medicines records showed the amount held in stock tallied with the amounts recorded as being in stock. Training records confirmed that all staff who administered or handled medicines for people who lived in the home had received appropriate training.

Policies and procedures were in place governing the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Controlled drugs were stored appropriately and the keys held securely. Clear records were maintained in the controlled drugs register. Routine checks of stock balances of controlled drugs were undertaken regularly in accordance to ensure the amounts held reflected what was recorded in the register.

Records showed people were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them. PRN medicines are to be taken as needed instead of on a regular dosing schedule. People's behaviour was not controlled by excessive or inappropriate use of medicines. There were appropriate protocols in place which covered the reasons for giving the medicine, what to expect and what to do in the event the medicine does not have its intended effect.

Equipment checks and servicing were regularly carried out. The service had completed all relevant health and safety checks including fridge/freezer temperature checks, fire system and equipment tests, emergency lighting, portable appliance testing, water temperature, gas and electrical safety checks. Fire alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills. Records confirmed this.

The environment was clean, and free of malodour. One relative said, "The house is very clean." Another relative told us, "The place always looks clean and smells okay. [Relative's] room looks fine." Records showed staff had completed training on infection control. Staff had access to policies and guidance on

infection control. One staff member told us, "There is coded mops, gloves and aprons. I did the [infection control] training."

Good

Is the service effective?

Our findings

At the last inspection in December 2015 we found Deprivation of Liberty safeguards (DoLS) applications had not been made for people who required supervision when going out in the community. At this inspection we found improvements had been made.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager knew how to make an application for consideration to deprive a person of their liberty. We saw applications were documented which included detailing risks, needs of the person, and ways care had been offered and least restrictive options explored. Where people had been assessed as not having mental capacity to make decisions, the registered manager was able to explain the process they would follow in ensuring best interest meetings were held involving relatives and other health and social care professionals. The service informed the Care Quality Commission (CQC) of the outcome of the applications. We saw evidence of these principles being applied during our inspection.

Staff were seen supporting people to make decisions and asking for their consent throughout the inspection. One staff member told us, "If [people] refuse then they refuse. Encourage them to do something else." Another staff member said, "Get permission for everything like with the food menu." This meant the service was meeting the requirements relating to consent, MCA and DoLS.

Our observations showed that staff asked people about their individual choices and were responsive to that choice. For example, we overhead a staff member say to a person, "What would you like for lunch? Would you like chicken and rice, or fish pie with mashed potatoes." A relative said, "If [relative] wants to go the toilet they will ask her and then take her." One staff member told us, "[People] choose what they want. If they have an appointment we ask if they would like to attend. If they say no we can't force them but still explain what is about."

People who used the service and their relatives told us they were supported by staff who had the skills to meet their needs. A relative told us, "[Staff] do a good job." Another relative said, "I am quite impressed with [staff]."

Before admission to the service a pre-admission assessment was undertaken to assess whether the service could meet the person's needs. The assessment looked at residential history, medical history, medicines, mobility and physical impairments, communication, family advocates and friends, activities, health and safety, sexual expression, trauma neglect and abuse, and drugs and alcohol, challenging behaviour, and social skills. The registered manager told us there had been no new admissions since the last inspection.

Staff we spoke with told us they received regular training to support them to do their job. Records confirmed this. One staff member said, "Loads of training." Another staff member told us, "We do different training online and in books. Manager also gives training. Chemist gives medicine training. It's helpful even if you know something it's good to get refresher." Records showed the training included medicines, safeguarding adults, health and safety, person-centred care, dignity and respect, food hygiene, first aid, equality and diversity, COSHH, moving and handling, infection control, hand hygiene, risk assessments, challenging behaviour, health and safety, fire training, MCA and DoLS. Staff also completed training specific to the needs of the people using the service such as challenging behaviour and epilepsy. Records showed that staff had completed the induction programme, which showed they had received training and support before starting work in the home. Records showed the home had introduced the Care Certificate for all new staff and records confirmed this. The Care Certificate is a set of standards that social care and health workers use in their daily working life.

Staff told us they received regular formal supervision and we saw records to confirm this. Topics included health and safety, record keeping, fire drills and procedures, team work, training, safeguarding, complaints procedure and MCA and DoLS. One staff member said about supervision, "Supervision helps me." Annual appraisals were being completed with staff. Records confirmed this.

The kitchen was clean, food items were stored appropriately and labelled. Food hygiene notices were displayed in the kitchen. The Food Standards Agency had rated the home five stars at their last inspection which meant the hygiene standards were very good.

People told us they liked the food. One person told us, "I like the food." A relative told us, "Food is very good. It is quite sufficient." A second relative told us, "We have eaten there. [Food] was fine." The kitchen was clean, food items were stored appropriately and labelled. Food hygiene notices were displayed in the kitchen. The Food Standards Agency had rated the home five stars at their last inspection which meant the hygiene standards were very good.

Staff were aware of the people who were on specialised diets and explained the meal preferences for these people which were reflected in the care plans we looked at. People could ask for alternatives to the food choices for that day and we saw this during the inspection. We observed a staff member showing a person a pictorial food menu to choose from. The person pointed to a picture and said, "I will have fish pie." People could also choose a different meal during the lunch period. We observed a staff member show a person two cooked meals and let them choose which one they wanted.

During lunch we saw people being offered a range of drinks. Meals were attractively presented and there was a relaxed and calm atmosphere. Staff members chatted with people while they waited for their food to be served.

People were supported to maintain good health and to access healthcare services when required. Records showed people attended appointments from a range of healthcare professionals such as GPs, psychiatrists, dentists, chiropodists, opticians, medicines reviews and dieticians. A relative told us, "[Relative] has been to the dentist in the past." Another relative said, "[Relative] has seen [health professionals]. [Relative] has

health conditions and [staff] are on top of that." Health professionals we spoke with before the inspection were very positive about the home. Comments included, "When I last visited, everyone that I saw was in good health", "I am called in at the earliest signs of [specialised health] needs or queries for [people who used the service]" and "I have nothing but praise for the good work they are doing for [people] including my own patients." This showed the service was seeking to meet people's health care needs.

The premises, décor and furnishings were maintained to a good standard. They provided people with a clean, tidy and comfortable home. The registered manager told us since being in post the home has been refurbished. There was a secure accessible garden for people's use. Specialised equipment was available for people such as a hoist and walk in showers. People's bedrooms were personalised. One person showed us their room and said, "It's a nice room." One relative said, "They recently have done a lot of changes. The decorating and décor, more space, that kind of thing. It is more open planned and that's made a difference." A health and social care professional told us, "The home is clean with no odours."

Good

Is the service caring?

Our findings

Relatives told us the staff were caring. One relative said, "I think [staff] are caring. [Relative] has known them for years." Another relative told us, "[Staff] seem quite caring. Seems quite a happy place." One health and social care professional said, "I've seen staff develop positive, caring and compassionate relationships with people. It's the little things I've noticed around the home, that gentle touch, holding hands and hugging people to give the individual people comfort and assurance that they are being cared for."

Staff spoke in a caring way about people they supported and told us that they enjoyed working at the home. One staff member said, "It's like home. It's like a family. You give them care and support." Another staff member told us, "I fulfil their needs. I put myself in their shoes." Throughout the day we saw staff sitting with people engaging in conversation with laughter and kindness. For example, we observed a staff member stroking a person's head to help them calm down. The person responded positively to the staff member's care.

Staff knew the needs and preferences of the people they were caring for and supporting. Each person using the service had an assigned key worker. A keyworker is a staff member who is responsible for overseeing the care a person received and liaised with professionals or representatives involved in the person's life. A relative told us, "[Relative's] keyworker is very good. He has a good relationship with [relative]. His keyworker has been consistent for years." One staff member said about key working, "I am a key worker for [person]. I know what is going on with their health and appointments." Another staff member said, "We are involved with [person's] food, medication, care plan, appointments, everything."

People's privacy and dignity was respected. Staff we spoke with gave examples how they respect people's privacy. One staff member told us, "If someone having a shower we close the curtain." Another staff member said, "When giving personal care we tell staff not to disturb. We knock first when going to person's room." One relative said, "If [relative] wants to go the toilet [staff] will ask her and then take her." A health and care professional told us, "All the [people] are spoken to with respect, politeness and sensitivity to their needs."

People's independence was encouraged. Staff gave examples how they involved people with doing certain aspects of their personal care and going out into the community to help become more independent. One staff member told us, "We encourage [people] to shower by themselves." Another staff member said, "We encourage [person] to make coffee or tea. We observe him. He brushes his teeth himself. Also teaching him road safety awareness." This was reflected in the person's care plan.

Good

Is the service responsive?

Our findings

Relatives and health and social care professionals told us the service was responsive to people's needs. One relative told us, "If anything happens [staff] phone and let me know." Another relative said, "[Staff] ring and keep you informed." A health and social care professional told us, "I am called in at the earliest signs of [specialised health] needs or queries for the [people who used the service]." Another health and social care professional said, "[Staff] respond to any requests I ask of them."

Care records contained detailed guidance for staff about how to meet people's needs. Care plans were in place for each identified area of need. People's care plans were easy to follow and provided details of individual routines. Pictorial aids were included in the care plans for each area identified. Staff told us that care plans were updated following any changes to people's needs and were also reviewed monthly to ensure that they contained up to date information. The registered manager told us relatives were invited for an annual review of their relative's care. Most relatives we spoke with confirmed this. However, one relative said, "That is one thing I would raise. I would like to be invited even if we had to decline."

There was a wide variety of guidelines in people's care records regarding how people wished to receive care and support. Guidelines were recorded in people's care plans, hospital passport and health action plan. The care and support recorded included personal well-being, dietary needs, communication and sensory skills, social and community skills, spiritual needs, my leisure activities, medicines, mobility skills, mental health support, behaviours, and incontinence. The care records were written in a person-centred way that reflected people's individual preferences. For example, one care record stated, "I like to eat fruits, mainly oranges and pears. I like my beverages to be warm, not cold, even water or juices." Another example, one person's care record stated, "I am non-verbal and I use body language and gestures to communicate my needs and feelings, likes and dislikes. I can understand short and simple sentences, I will smile and grind my teeth when I am happy. I will walk away when I am not in a good [mood] or do not agree with something." Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. Detailed care records enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

People's cultural and religious needs were respected when planning and delivering care. Records showed people had discussions of their spiritual faith during the care planning process. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager told us, "We treat [people] equal. We would design the care plan to their needs and involve professionals." A staff member told us, "They [LGBT] would be welcome. We would follow their wishes." Another staff member said, "They [LGBT] are human beings. They would be welcome here. I would make them feel comfortable."

People had access to planned activities. Activities on offer included exercise, car trips, cooking club, indoor mini golf, beauty therapy, arts and crafts, playing musical instruments, table activities, and listening to music. One person said, "I use the computer in the manager's office and watch movies." A relative person said, "[Staff] take [relative] out of shopping. Plenty of things to do." Another relative told us, "[Relative] is

doing activities like going shopping and leisure activities at the home." A health and social care professional commented, "Activities are provided on a daily basis. Most of the individuals attend a local workshop/college to develop skills. I think this is wonderful. To hear individuals have gone out for the day makes me happy as they are enjoying themselves. The garden is accessible and during the summer I had seen individuals sitting in the garden."

During our inspection we saw group activities with people. We observed in the morning people sitting outside doing various activities such as playing with puzzles, reading a magazine and kicking a football. The activities were being run with kindness and sensitivity, involving everyone who wanted to participate.

There was a pictorial complaint process available and this was on display in the communal area so that people and their relatives were aware of it. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints policy and we saw there was a clear procedure for staff to follow should a concern be raised.

Relatives we spoke with knew how to make a complaint and that their concerns would be taken seriously and dealt with quickly. One relative said, "I would initially speak to [relative's] keyworker and then not happy in writing to the manager." There were systems to record the details of complaints, the investigations completed, and actions taken as a result. Records showed there had been two formal complaints during the last 12 months. We found the complaints were investigated appropriately and the service aimed to provide a resolution in a timely manner. The service had documented the details and outcomes of the complaints however they did not provide a formal response as stated in their complaints policy. We spoke the registered manager about this and she advised she would complete formal responses in the future.

At the time of our inspection the service did not have any people receiving end of life care. The service had an end of life policy which was appropriate for people who used the service. Records showed that end of life wishes were recorded during the care planning stages with involvement with people's relatives. This meant their people and their relatives explored their end of life wishes and where they would like to spend the last stages of their life.

Good

Is the service well-led?

Our findings

People who used the service and relatives spoke positively about the registered manager. One person told us, "[Registered manager] is nice." A relative told us, "[Registered manager] is fine."

Health and social care professionals told us the home was well managed. Comments included, "[Registered manager] has shown good management and leadership within the care home. They are constantly innovative and creative ways of achieving high standards", "Shenley Lodge is a very good home with a fantastic manager and carers", and "The leadership has been in place for many years, and is very consistent, predictable and reliable, and both caring and effective in my view."

Staff told us that they felt supported by the registered manager. One staff member said, "[Registered manager] is a nice lady. Very helpful with everything. If you don't understand something she will help us." Another staff member told us, "[Registered manager] is brilliant. She is here if we need help and advice."

There was a registered manager in post. They were aware of their responsibilities as registered manager and of the need to notify CQC about reportable incidents. They had current policies and procedures in place to run the service.

The registered manager described in detail the support provided to people, and knew them, their preferences and needs well. They had built up a strong relationship with people who used the service. The registered manager had a strong focus on continuous learning for the service. This included the registered managers' own learning and development. The registered manager told us, "I'm doing a Level 7 [QFC] in management."

The home held regular staff meetings where staff could receive up to date information and share feedback and ideas. Topics included health and safety, infection control, safeguarding, medicines, personal care, training, complaints and compliments, activities and any suggestions. One staff member told us, "They are helpful if you have a concern. You learn more from each other as you share experiences." Another staff member said, "We talk if we have any issues."

The provider had a number of quality monitoring systems in place. Regular quality checks were carried out by the owner of the home, which was called 'provider monthly checks'. These checks were used to monitor record keeping, home environment, health and safety, CQC notifications, finances, staffing levels and training. Records confirmed this. However, we noted financial transactions were not robust during our inspection and this was not highlighted in the provider's last check for July 2018. The registered manager told us during the inspection they would address people's finances as a matter of urgency.

The registered manager also did a monthly spot check of the home. This included looking at the staffing rota and attendance, COSHH, fire safety, recording keeping, food menus, infection control, and medicines. The registered manager also conducted regularly night checks on staff.

The home held a monthly house meeting where the service could find out the views of the service from people, and people could share and receive information. Records confirmed this. Topics discussed included health and safety, activities, road safety awareness, fire drills, daily house chores, complaints process, hand-washing hygiene, safeguarding, food menu, healthy diets, and any suggestions. Records confirmed this.

There were systems in place to monitor relatives' satisfaction with the service on an annual basis. The last survey completed for relatives was November 2017. The survey covered topics such as the home environment, cleanliness, activities, health care, complaints, being informed, the manager and staff feedback. The home completed a summary of the surveys returned and overall the results were positive.

The home kept a record of compliments received which included feedback from people who used the service, relatives, health and social care professionals and external agencies. One person had told the service, "I am very happy with my new colours in my bedroom." One relative's compliment stated, "I am happy about our [relative's] care at Shenley Lodge."

The home worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the registered manager told us they worked with local learning disability and clinical teams, social services, day centres, local library and psychiatry services.