

Care UK Community Partnerships Ltd

Smyth Lodge

Inspection report

2 Frognal Avenue
Sidcup
DA14 6LF

Tel: 02080519190

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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

About the service

Smyth Lodge is a care home providing personal and nursing care for up to 80 people. At the time of our inspection there were 57 people living at the service. Smyth Lodge is a large care home set over three floors. They provide care and support to people with nursing needs and people living with dementia.

People's experience of using this service and what we found

People were safe as staff knew how to support people to keep them safe from identified risks to their safety and well-being. Appropriate recruitment checks took place before staff started work and staff were deployed effectively throughout the home to meet people's needs. People's medicines were managed safely. There were systems in place to monitor, investigate and learn from incidents and accidents. There were procedures in place to reduce the risk of infections and staff followed good standards of infection control and hygiene practices.

People's needs and risks were assessed when they moved into the home to ensure they were safely met. Staff had the skills, knowledge and experience to support people appropriately. Staff were well supported through induction, training and regular supervision. People were supported to maintain a healthy balanced diet and had access to health and social care professionals when they needed them. Health and safety checks were carried out of the premises and equipment to ensure they were safe. The home environment was clean and tidy and the design of the premises met people's needs. 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 and their relatives were consulted about their care and support needs. People were supported to participate in a range of activities and events within the home. Relatives were free to visit people if they wished without any unnecessary restrictions. There was a range of comfortable spaces within the home environment where people could spend time if they chose. Staff understood the importance of working within the principles of the Equality Act and supported people in meeting their needs. There was a complaints procedure in place and people were confident their complaints would be listened to and acted on.

The registered manager and staff worked in partnership with health and social care professionals to plan and deliver an effective service to people. People's views were taken into account to help drive service improvements. There were systems in place to monitor the quality and safety of the service and to ensure any learning was identified and acted on.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 24 February 2021). The provider

completed an action plan after the inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected.

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our caring findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our caring findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our caring findings below.

Good ●

Smyth Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by two inspectors 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.

Service and service type

Smyth Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Smyth Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had about the service since they registered. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people living at the service and four relatives to seek their views about the quality and safety of the care and support they received. We observed interactions between people and staff to understand people's experiences and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with twelve staff including the registered manager, the area manager, deputy manager, clinical lead, nursing staff, care staff, activities coordinator, catering and housekeeping staff. We reviewed a range of records including fifteen people's care records and medication records, five staff files in relation to recruitment and staff training and a variety of records relating to the management of the service including quality monitoring checks and audits and policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe, one person commented, "It's definitely safe, there is always someone around." Another person said, "Safe, yes. The general security in the building and the caring attitude of the staff."
- Safeguarding policies and procedures were in place and kept up to date to help keep people safe.
- Staff received safeguarding training and were aware of their responsibilities to report and respond to concerns. Staff were aware of the provider's whistleblowing policy and how to report issues of poor practice. One member of staff told us, "We complete training often, so we are kept up to date. I would report any concerns to my manager who I know would then take all the appropriate actions to keep people safe."
- There were systems in place to oversee any learning from safeguarding and accidents and incidents and the registered manager understood their responsibilities in relation to safeguarding.

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed, documented and reviewed to ensure their safety and well-being. People spoke positively about staff and the support they received to help them manage and minimise identified risks. One person said, "Staff are very good, they know what I need help with."
- Care plans and records contained up to date assessments of risks to people's physical and mental health well-being. This ensured staff were provided with current information on how best to support people to manage identified needs and risks.
- Risk assessments covered areas of risk including, mobility, moving and handling, nutrition and diet and medicines management amongst others. Where risks were identified, for example, with poor mobility appropriate risk assessments, plans and monitoring tools were in place to minimise reoccurrence.
- Staff had good knowledge and understanding of people's needs and risks and how best to support and managed them. Throughout our inspection we observed positive interactions between staff and people with staff supporting people with safe moving and handling, nutrition and hydration and to participate in activities.
- There were arrangements in place to deal with foreseeable emergencies. The home environment was safely and appropriately maintained, and records showed environmental, health and safety and equipment checks were routinely undertaken. These included checks on gas safety and electrical installations and appliances; water hygiene and the servicing of equipment used in the home such as bed rails and window restrictors. People had individual emergency evacuation plans in place which identified the level of support they required in order to evacuate the building safely.

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed. One person commented, "I get my tablets when I need them. They [staff] are good at making sure I have them."
- An electronic medicine administration record (MAR) system was in place that ensured people received their medicines when required. Details of individuals medicines, allergies, and physical conditions were documented. Protocols were in place for 'as required' medicines, for example, medicines for pain relief.
- Staff managing and administering medicines were appropriately trained and assessed as competent to manage medicines safely.
- Regular audits were conducted to ensure safe medicines systems, management and processes were followed. Any errors or discrepancies were discussed with staff to reduce the risk of reoccurrence.

Learning lessons when things go wrong

- There were systems in place to ensure accidents and incidents were recorded, managed, monitored and acted on appropriately. The registered manager reviewed accidents and incidents to identify themes and trends as a way of preventing reoccurrence. Lessons learnt were shared with the staff team through meetings and supervisions.
- Robust systems were in place to oversee and support learning from accidents and incidents. Staff had identified risks to ensure people were safe and understood the importance of reporting and recording accidents and incidents. Records showed that staff took appropriate actions and sought support from health and social care professionals and referred to local authorities and the CQC when required.

Staffing and recruitment

- Throughout our inspection, we observed there were enough staff who were deployed appropriately to meet people's needs. One person told us, "Staffing levels are really good. Always somebody to talk too."
- The registered manager told us the provider used a dependency tool to assess individuals care needs which identified appropriate staffing numbers to help keep them safe. Staffing numbers we saw corresponded with staffing rotas and the assessed staffing levels based on the dependency tool findings. We observed there were enough staff deployed throughout the home to meet people's needs and call bells were answered promptly.
- Robust recruitment procedures were in place. Recruitment records included employment references, health declarations, proof of identification and evidence that Disclosure and Barring Service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the police national computer. This information helps employers make safer recruitment decisions.
- Records relating to nursing staff were maintained and included up to date PIN numbers which confirmed professional registrations with the Nursing and Midwifery Council (NMC).

Preventing and controlling infection

- People were protected from the risk of infection. Robust procedures were in place to control and prevent the spread of infections.
- Staff completed training and were knowledgeable about good infection prevention and control of infections. We observed staff used personal protective equipment (PPE) appropriately and safely. PPE such as facemasks, aprons and gloves were readily available to staff.
- The home appeared clean and tidy and housekeeping staff followed cleaning schedules to ensure all areas within the home were regularly cleaned.
- We were assured that the provider's infection prevention and control policy was up to date and reflective of current best practice guidance.
- There were no restrictions on visitors, and we observed relatives and people visiting the home throughout

our inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last comprehensive inspection of the service, we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection we identified that people were not always supported to eat and drink in a safe and timely manner. The provider had made improvements.

- People's nutrition and hydration needs; preferences and cultural needs were safely met. People spoke positively about the food and menus on offer. One person told us, "The food is good. They [staff] cater to my individual needs. On a Friday they make me poached fish as I can't eat the batter." Another person said, "Food is beautiful. They [staff] give you options."
- We observed how people were supported at lunch time within communal dining areas and when eating in their rooms by choice. The atmosphere in dining areas was relaxed and pleasant and staff were very attentive to people's needs. Some people ate independently, and some people required support from staff. Where staff supported people to eat and drink, this was undertaken with dignity. People were offered choice throughout the three-course meal by way of showing them a sample plate and staff were very aware of people who required a special diet, for example, differing levels of textured foods. We observed staff followed guidance from health care professionals such as dieticians when using for example, prescribed thickening agents.
- The chef and catering staff were knowledgeable about people's dietary and cultural needs and daily menus offered a fresh choice of meat based or vegetarian options. Daily staff flash meeting highlighted any changes to people's dietary and cultural needs and preferences.
- Care plans and risk assessments documented individuals' nutrition and hydration needs and risks and staff had a good understanding of them and how best to support people. Staff completed food and fluid monitoring charts when required to monitor people's intake. Staff encouraged and supported people with fluids throughout the day with snacks and fortified milkshakes also made available and juice dispensers located in dining rooms.

Adapting service, design, decoration to meet people's needs

At our last inspection we identified that the home environment did not always have appropriate signage to help people to orientate themselves easily. The provider had made improvements.

- The design of the home environment and outside premises was meeting people's needs. Dementia friendly and sight impaired signage was located around the home and memory boxes which included photographs and small items helped to aid people living with dementia and or memory issues to orientate themselves.
- The home was decorated pleasantly, and rooms had a range of different colour schemes. There was a café, bar, gym, cinema, library and several quiet spaces for people to sit and relax located throughout the

home. There was easy to access outside spaces and a well laid out garden with suitable furniture for people to enjoy.

Assessing people's needs and choices, delivering care in line with standards, guidance and the law

- Peoples care, and support needs were assessed before they moved into the home. Assessments covered all aspects of individuals care and support needs such as, mobility and moving and handling, nutrition and hydration, wound care and medicines management.
- People's diverse needs were assessed and supported by staff where required. Assessments included people's needs relating to any protected characteristics in line with the Equality Act. This included age, gender, disability, sexuality and race.
- People were central to the development of their care plans, and these documented their involvement and where appropriate the involvement from relatives and health and social care professionals. Care plans and risk assessments were reviewed on a regular basis to ensure people's care reflected and met their needs and wishes.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to meet people's needs. One person commented, "The staff are superb, they make it feel like [loved one's] home."
- Staff had completed training that was relevant to people's needs. Training included, safeguarding, medicines management, moving and handling, pressure ulcer prevention and diabetes amongst others.
- Staff had completed an induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the fifteen minimum standards that should form part of a robust induction programme.
- Staff were knowledgeable about the people they supported and told us they received good training and support from managers. Comments included, "The manager has been very supportive and has enrolled me onto a course", "I had lots of training, some is online, and some are face to face like dementia and moving and handling", and, "The manager is very supportive and the training we have is good."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health and social care services and appropriate referrals to a range of professionals were made when required. A relative told us, "Whatever [loved one] needs, they get, they [staff] recommended physio for [loved one] and that's really helped"
- Staff worked in partnership with health and social care professionals to plan and deliver an effective service. Information and guidance from health and social care professionals such as dietitians and occupational therapists were documented and retained in people's care plan's. Weekly or when required visits from the local GP were conducted to meet and review people's health care needs. One person told us, "I get to see the doctor when I need to, staff make sure I am well."

Ensuring consent to care and treatment in line with law and guidance

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were consulted and supported to make choices and decisions for themselves. Staff promoted people's rights and worked within the principles of the MCA to ensure these were upheld.
- Staff received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA.
- Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection, we found authorisations were in place and kept under review by staff.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last comprehensive inspection of the service, we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were supportive and treated them with kindness, respect and compassion. They spoke positively about staff and their kind and caring attitudes. Comments included, "I can't find fault with the carers", "All of the staff are charming. They all seem happy working together", "Staff are approachable and friendly", and, "The staff, I can't speak highly enough, they care for [loved one] really well."
- Throughout our inspection we observed positive and caring interactions between people and the staff team. Staff spent time with people providing support and showing care and concern for their well-being. We observed that people felt comfortable in the presence of staff.
- Staff had built respectful relationships with people and their relatives and understood the importance of working within the principles of the Equality Act to support people in meeting their diverse needs. The Equality Act is legislation that protects people from discrimination, for example, on the grounds of disability, sexual orientation, race or gender.
- Care plans documented information about people's personas and diverse needs, including personal relationships, cultural preferences and religious beliefs. Policies and procedures were in place to ensure people were provided with support and protected, where required, under the Equality Act.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported and enabled people to be involved in making decisions about their care and support. One person told us, "They [staff] always ask and give me choices."
- People's views and choices were sought and documented within their plan of care. Care plans detailed individuals' preferences such as favourite foods and activities and these were reviewed with people to ensure their needs and wishes were met and respected.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed that staff were respectful when talking to people and listened to what they had to say, responding in a friendly and appropriate manner. People's right to privacy was respected as we observed that staff did not enter people's rooms without seeking their permission first. Staff prompted people to do as much as they could and wanted to do for themselves promoting their independence. We observed one member of staff encouraging independence by giving a group of people teapots so they could pour their tea by themselves.
- Staff were aware of the importance of respecting people's privacy and maintaining confidentiality. Information about people was treated sensitively and shared on a need to know basis only.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last comprehensive inspection of the service, we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we identified that people were not always aware or involved in reviews of their care plans and people staying for a period of respite did not always have detailed care plans. The provider had made improvements.

- The provider continued to work on obtaining further person centered information about people ensuring staff had good knowledge and understanding of their individual life histories and preferences and how they wished to be supported. We spoke with the providers clinical lead who told and showed us that they had implemented a resident of the day scheme. This ensured people's care plans and records were reviewed frequently and with their, and their relatives where appropriate, participation. Work had also been carried out on the providers preadmission assessments ensuring that staff captured what was most important to people and other valuable information for staff to be aware of. One person commented, "I haven't been invited to a resident meeting yet but I would attend if they did." A relative said, "Survey's, yes online, they [staff] do have resident meetings I think and there is a zoom one today."
- Care plans documented people's physical, emotional and mental health needs as well as their life style preferences and the things that were important to them, such as, practicing their faith and seeing loved ones.
- People had choice and control over their day to day lives and staff respected and supported their decisions and wishes.

End of life care and support

- There were procedures in place to ensure people were cared for in a dignified and caring way when at the end stage of their life. People were encouraged and supported to document their advanced wishes and how they would like to be supported. Care plans detailed peoples wishes which were reviewed on a regular basis to ensure they reflected their choices and decisions. One member of staff told us, "I have a passion for good end of life care. It's important to keep close family and friends and the person themselves fully involved. We are looking after the person and their family and must try to find a way to help them cope with symptom management."
- We saw that for one person staff had arranged a Caribbean end of life party as the person wished to pass away on a Barbados beach. Unfortunately, they were unable to travel to Barbados and so staff bought the beach to the person, with beach themed decorations, steel band, Cuban cigar, and champagne and lobster being served.
- Where appropriate, 'do not attempt resuscitation' orders (DNARs) were in place and care plans showed people and those important to them had been consulted.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and sensory needs were assessed and documented in their plan of care to ensure staff had relevant information on how best to communicate and support them.
- Staff understood the importance of effective communication and differing communication methods.
- The service produced information in different formats that met people's needs when required. For example, easy to read print, pictures and illustrations or large print format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to take part in a range of activities and events that the service offered. People and their relatives spoke positively about the activities and facilities available. Comments included, "Activities, yes I go to bingo, bowls, scrabble and sewing in the cinema room. I use the magic table. There is a program and they [staff] try to stick to it but it depends on the numbers", "They do day trips and I have been on some of them", and, "Activities are every morning and every afternoon. [Loved one] does get involved in them."
- The home offered a range of facilities including a café, cinema room, activities room, library, church services, multi-faith room, gym, reminiscence room, pub/bar, hair and beauty salon, gardens and outside spaces and a minibus for outings. Activities co-ordinators arranged and conducted planned activities every day, such as bingo, quizzes and arts and crafts. External entertainers such as singers and musicians also visited the home on a regular basis to entertain.
- People were supported to maintain relationships that were important to them. Relatives and friends were encouraged and supported to visit when they wished. The registered manager told us people and their relatives could use communal facilities such as the café and bar for family gatherings and parties.

Improving care quality in response to complaints or concerns

- There were systems in place to manage and respond to complaints appropriately in line with the provider's policy.
- People were provided with a copy of the provider's complaints policy and people and their relatives told us they knew how to report any complaints or concerns they had. Comments included, "If we need to raise anything we feel we can", "The manger is approachable. We have our discussions, and we sort things out and it's always turns out well", and "If I had any concerns I would talk to the manager, she always has time for me."
- There were systems in place to monitor and investigate any formal complaints received. This ensured the service responded to them appropriately and in a timely way.

Is the service well-led?

Our findings

Well-led this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They were aware of the types of significant events which they were required to notify CQC about and records showed the service had submitted notifications to CQC when required.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. Staff were also appointed 'champion' roles, roles in which they lead on promoting their specialised areas such as infection control and Dementia. The registered manager had good knowledge of people's needs and the needs of the staffing team. They held daily meetings to discuss information about people and any issues or concerns within the home. They also conducted walks around the home to connect with staff and ensure best practice was followed.
- The registered manager demonstrated a clear understanding of their responsibility under the duty of candour. They told us and we observed that they had an open door policy and were always transparent with family members and professionals.

Continuous learning and improving care

- The provider recognised the importance of regularly monitoring the quality of the service. There were systems in place to monitor the quality and safety of the service on a regular basis by way of audit and monitoring tools. These consisted of daily, weekly, monthly and annual checks to ensure people's safety and well-being and that staff completed records in line with best practice. Audits and checks completed included medicines, accidents and incidents, safeguarding and infection control amongst others. There were a range of health and safety checks across the home to ensure the home environment was safe.
- Manager support from the area manager was in place. They had regular input into the home and the monitoring of the service by way of support visits and management audits.
- Staff had regular opportunities to discuss the service and share ideas for improvements in staff meetings and individual supervisions. Staff told us that management communication was good and they received ongoing support through learning and development and managers who were approachable providing them with advice and guidance when required. One member of staff commented, "We work very well as a team. There is a really good team here, my senior is very helpful." Another member of staff said, "Everyone is caring and helpful. I am new to care but the atmosphere here has made me put aside any reservations I had based on media stories. We really care."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received care and support from staff who had the knowledge, skills and experience to carry out their roles and responsibilities. People and their relatives spoke positively about the care they received and the staff that supported them. Comments included, "The home is excellent. The staff are all charming and helpful", "The staff are superb, they make it feel like [loved ones] home", "This place is like a five star hotel", "We do residents surveys and have residents meetings that I am apart of", and, "[Registered manager] is the manager. We can always talk to her, she's very approachable."
- The registered manager was actively involved in the day to day delivery of support which promoted a well-led service. Staff told us they received relevant training and good support from management. The provider recognised and celebrated good staff practice and had a GEM (Going the Extra Mile) award, staff reward and recognition programme in place. One member of staff commented, "It's nice that management recognise good work, it makes us feel appreciated."
- People and their relatives had varied opportunities to give feedback about their experiences of living in the home. Residents' and relative's meetings were held on regular basis, along with virtual meetings and surveys were conducted annually. We looked at the actions taken following the providers 2022 residents survey results. We saw that residents wanted to be heard and have their say and in response the provider reviewed the residents meeting process to allow for greater attendance, implemented a resident ambassador as chair of the meetings and minutes of meetings were distributed in a larger font.

Working in partnership with others

- The service worked with a range of health and social care professionals to discuss people's health and social well-being and to ensure their needs were met. Effective partnership working had been established with health and social care professionals such as local authorities, community mental health teams, palliative care teams and hospices and GP's.