

Numada Health Care Limited

Bury Lodge Nursing Home

Inspection report

77 Bury Road
Alverstoke
Gosport
Hampshire
PO12 3PR

Tel: 02392528135

Website: www.numadahealthcare.co.uk

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17 April 2019

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20 May 2019

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: Bury Lodge Nursing Home is a 'care home'. The home is registered to provide accommodation, nursing and personal care for up to 22 older people, most of whom live with dementia. Accommodation is arranged over two floors with lift and stair access to the second floor. At the time of our inspection 22 people lived at the home.

People's experience of using this service:

- People told us they were happy and felt safe living at Bury Lodge Nursing Home. We saw people were encouraged to be as independent as they could be. Staff understood people's individual communication needs and worked in proactive ways to provide person-centred support.
- The provider supported staff in providing effective care for people through person-centred care planning and training. The provider used best practice guidance and support to meet people's individual needs.
- People participated in a range of activities that met their individual choices and preferences. Staff understood the importance of this for people and provided the structured support people required. This enabled people to achieve positive outcomes and promoted a good quality of life.
- The provider had a consistent core staff team who understood the needs of people well. We saw staff upheld and promoted people's rights relating to equality and diversity.
- People, their relatives and staff told us they thought the home was well led and spoke positively about the manager. The provider and manager carried out numerous audits to ensure the service was effective. Staff supported people to integrate into their local community.

The service met the characteristics of Good in all areas.

Rating at last inspection: Good (Published, 6 October 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service and plan to inspect it in line with our re-inspection schedule. If we receive any information of concern, we may bring out inspection forward.

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

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 Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective 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 Well-Led findings below.

Good ●

Bury Lodge Nursing Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of 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: Bury Lodge Nursing home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

We inspected Bury Lodge Nursing home on 16 and 17 April 2019. This inspection was unannounced.

What we did:

Before the inspection we reviewed any notifications, we had received from the service. A notification is information about important events which the service is required to tell us about by law. We also reviewed any information about the service that we had received from external agencies. We assessed the 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. We used all this information to plan our inspection.

This inspection included speaking with two people, six relatives, four members of staff, the registered manager and the director of care. We reviewed records related to the care of six people, this included

medicine records. We reviewed recruitment files for four staff. We looked at records relating to the management of the service including;

- Policies and procedures
- Audits and quality assurance reports
- Records of accidents, incidents, compliments and complaints

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Preventing and controlling infection

- People were protected by the systems in place for the prevention and control of infection'. Staff completed daily cleaning tasks, with cleaning being completed overnight by staff to maintain cleanliness throughout the service. However, we noticed on one chair there was a lot of dried food between the cushion and the chair arm. We spoke to the registered manager about this and they immediately cleaned this chair. The registered manager assured us they would be making regular checks of the chairs to prevent a reoccurrence of this and would be discussing this with the staff.
- On the first day of the inspection we identified a chair that that was damaged and another that was very worn. This was a potential infection control risk. We saw that these chairs were on the action list to be replaced. The provider told us, "I have ordered the chairs and they are ready to be delivered." On the second day of the inspection we saw that three chairs had been replaced with new ones.
- Throughout the inspection we observed staff using personal protective equipment (PPE) appropriately. A nurse told us, "We have aprons and gloves, always come in ready to put them on if you haven't already got them on, hygiene is very high here."
- The home was clean, tidy and odour free. Waste was disposed of correctly.
- Staff were trained in infection control.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One person told us, "I feel perfectly safe. The staff couldn't be nicer. They go above and beyond. Nothing is too much trouble, day or night." The provider had safe, effective safeguarding systems and all staff spoken with had a good understanding of what to do to make sure people were protected from harm. Staff demonstrated a good level of awareness about protecting people from poor practice or abuse and could say who they would inform if no action was taken by senior management. Staff had confidence that their concerns would be listened and responded to. One staff member told us, "If there are any concerns management are quite approachable. The provider is quite friendly and here regularly and speaks to us to. That is the good thing about the company if you say something you always get answered."
- Staff told us, and records confirmed that they had safeguarding training, this was repeated yearly.
- The registered manager told us of their responsibility to liaise with the local authority if safeguarding concerns were raised and documents demonstrated that this occurred. One nurse told us, "First of all if I see something I report to my manager and usually they are good and take action straight away. If I feel they are not acting I can go to another manager or the owner of the property or CQC and social services, so lots of different ways." They told us that there had not been an occasion when the manager did not take action.

Assessing risk, safety monitoring and management

- People's care plans contained detailed risk assessments linked to people's support needs. These explained the actions staff should take to promote people's safety and ensure their needs were met appropriately. Staff we spoke with were aware of these risks and could tell us how they acted to keep people safe in line with these guidelines. This included risks related to nutrition and hydration, manual handling and choking.
- Environmental risks, including fire safety were assessed, monitored and reviewed regularly.
- The environment and equipment were safe and well maintained.
- Business continuity plans were in place to ensure that staff were able to respond to unplanned events which could affect the safety of people.

Staffing and recruitment

- There were enough staff to support people safely and to ensure people's needs could be met, including staff support for participating in activities and outings. Staffing levels were calculated according to people's needs.
- We saw that staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.
- New staff were introduced to people prior to providing any support and worked alongside more experienced staff to learn about people's needs. Continuity of staff was important for people living in the service. When another member of staff was required on shift, the registered manager told us, "First we ask our staff, then we go to agency, we only use one particular agency and we have one agency staff who predominantly works with us so there is always that continuity, staff and residents know them very well. They know the home brilliantly."

Using medicines safely

- Medicines were stored, administered and disposed of safely. People's medication records confirmed they received their medicines as prescribed. .
- Staff completed training in medicines administration and their competency was checked annually or following any error to make sure they continued to practice safe medicines administration.
- People were supported to be as independent as possible with the medicine's administration. One person told us, "I self-medicate. I've been doing it for five or six years and they [providers] were happy with that and didn't want to change my routine."

Learning lessons when things go wrong

- Accidents and incidents were documented and investigated. A system was in place to monitor these and was overseen by the registered manager and director of care. This ensured appropriate actions had been taken to support people safely. We saw that some incidents were responded to by updating people's risk assessments and any serious incidents were reported to relevant organisations such as the local authority and CQC.
- The provider had a process in place to learn from incidents and accidents. The registered manager could describe learning from incidents to reduce risks of reoccurrence. We viewed staff feedback surveys and a common concern from staff had been communication during handover. We observed a handover which had been recently changed to address staff concerns. The handover was very well managed, and the process was an effective forum for all staff.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were comprehensively assessed and regularly reviewed, care plans clearly identified people's needs and the choices they had made about the care and support they received.
- Whilst there was some evidence that people's diverse needs were known and supported by staff not all protected characteristics were included in the need's assessments. The registered manager told us they would address this and add a section to their need's assessment documentation. However, we saw that people's diverse needs were detailed in their care plans and met in practice. This included people's needs in relation to their religion, diet and gender preferences for staff support. Staff completed training in equality and diversity and the registered manager and staff were committed to ensuring people's equality and diversity needs were met.
- A relative told us, "There's a church group who comes in. We're glad there's a church service, we were brought up with that."
- We saw evidence of participation in an 'Enter and View Report' from Health Watch Hampshire: This is when Health Watch Hampshire enters the home and provides a report and rating on their dementia friendliness. It provides recommendations to increase a provider's dementia friendliness. Bury Lodge Nursing Home was rated with an overall rating of average for dementia friendliness and had plans in place to continue to improve the dementia friendliness of the home.

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.

- Where people did not have capacity to make decisions, they 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.

- Decision specific mental capacity assessments were completed, and a best interest process followed in relation to decisions about people's care and treatment when required.
- Staff demonstrated a good understanding of the MCA 2005. One staff member told us, "Five principles, never assume that someone hasn't got capacity even though they may be unwise. If they have not got capacity, we do a mental capacity assessment and best interest meeting."
- Relatives told us consistently that staff were very good at seeking people's consent. One relative told us, "[Person] is pretty incapable, but they tell them what they're going to do. They talk to them as if they understand every word."
- The registered manager had ensured that DoLS authorisations had been applied for where necessary and these were reviewed when required.

Staff support: induction, training, skills and experience

- New staff undertook a comprehensive induction before they were assessed as competent to work on their own. Staff were supported to complete the Care Certificate which is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld. The registered manager told us, "Staff have three-day induction at head office. They are supernumerary for a total of two weeks as a minimum. They have an induction checklist to complete. Each person is different, they will stay supernumerary until they and we are confident. We hold monthly supervisions with new staff."
- Records demonstrated that not all staff had the opportunity for regular formal supervision. The registered manager was aware that supervision was not always consistent, and a plan was in place to rectify this. Despite this, staff consistently told us they felt well supported and that the registered manager was always available.
- Staff told us, and documents demonstrated that regular staff meetings took place where a range of topics were discussed including, safeguarding, training and an opportunity for staff to feed back. The minutes were comprehensively documented. One person told us, "The staff are always doing courses." This meant that staff received regular and ongoing training to enable them to carry out their jobs effectively.

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

- People's dietary needs and preferences were met, and people were involved in choosing their meals. Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance from healthcare professionals in relation to these.
- When required, people's food and fluid intake were monitored and recommendations from professionals followed. Relatives were positive about the food. Relatives comments included, "The food's always good. [Relative's] on semi soft food. The Speech and Language Therapy (SLT) team dealt with it. We talked about the changeover food, the level of puree and whether to puree it for safety. They've never been in a hurry to move to the easy route, they try and find a way round to providing ordinary food. They say if we slightly change something, say she's having Sunday lunch, she can't have apple pie, but she could have the apple outside the pie or if it's orange meringue she could have it without the pastry," "What I see is very nice. [Relative] isn't hungry or losing weight," and, "They notice if there's something he doesn't like, they said the other day he doesn't like mushy peas."

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

- Records demonstrated that staff worked effectively with; and sought timely support from a range of external professionals as required. For example, one person had recently shown signs of being unwell. We saw that a GP visit was requested promptly. This allowed treatment to be started quickly.
- The GP surgery was located within very close proximity to Bury Lodge Nursing Home and the registered manager had formed a very positive relationship with the practice. The GP had written to compliment the

staff. The letter stated, 'I am pleased to compliment all your excellent staff at Bury Lodge Nursing Home and to convey our gratitude for the excellent care they give to our patients at the home. The well-informed and helpful nursing staff are especially much appreciated, the courtesy given, and the very obvious knowledge of the individual patients is outstanding...Please convey our compliments.'

- People had care plans which contained essential information, including information about their general health and wellbeing. A one-page summary was also included, and this could be shared with hospital staff enabling person-centred care to be provided consistently as people moved between services.
- We saw from the care records that a range of professionals were involved in providing additional care and support to people. One relative told us, "The GP is across the way, he's on tap, he comes in. [Staff] are quite proactive about things. One Friday they were worried [relative] had a urine infection. They were worried because it was near the weekend and they wouldn't get treated for a couple of days, so they contacted the doctor and got a prescription before the weekend."

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

- Bury Lodge Nursing Home was not purpose built however, the provider had worked hard to make it accessible for people and had decorated to meet the needs of people living with dementia. Communal doors had dementia friendly signage, for example, 'lounge' was written as well as having a picture. Bedroom doors were personalised, and a memory box was located outside of each bedroom which contained miniature items relevant to each person. Peoples files contained a guide list expanding on the importance of each item and providing prompts for conversation topics.
- Relatives comments included, "They all have different doors, it's brilliant. It's like going into their area, their property," and, "It's been improved quite dramatically. I accept it's a listed building, but they've done very well."
- Peoples' rooms were furnished and decorated to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in personalising their rooms.

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

Good: 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 relatives told us the service was caring. One person told us, "I can't fault any of the staff. Any concerns and they're in here. Sometimes they pick up on something with my family that I've missed." We asked relatives if they thought the care people received was caring, their comments included, "They do spoil them," "They're all very good," "They understand her, and I feel they know what to say and what not to say. They treat them with respect," and, "Fine, brilliant. You see them walk past her four times in half an hour and every time, they'll say, 'Hello'."
- We observed people were treated with kindness, respect and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences.
- The Equalities Act 2010 was designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. The care planning process included a section to record information divulged by people with regards to some of the protected characteristics, for example marital status, disability and religion. This demonstrated that staff considered some of the characteristics defined under the Act. The registered manager told us, "Everyone deserves as much opportunity as anyone else, we are all the same in this world. People have the same choices and freedom and be able to openly talk." People and their relatives confirmed that they were treated in line with their preferences.

We recommended that the registered manager reviews the initial assessment documentation to ensure all protected characteristics are covered during this process including, gender and sexual orientation.

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

- When people had expressed their views about their preferences these were respected. Staff could tell us about, and records confirmed that people's views about how they preferred to be supported had been acted on to promote positive outcomes for people.
- Staff supported people in a caring way to promote their health and wellbeing. Staff followed guidance and best interest decisions in this respect and understood people's rights to make unwise choices. When this occurred, the service took advice on how to support the person's choice as safely as possible.
- Records showed people and their relatives were involved in meetings to discuss their views and make decisions about the care provided. This included choice of activities, food, celebrations, and how they were supported.

Respecting and promoting people's privacy, dignity and independence

- We saw sensitive personal information was stored securely. People's records showed their permission was sought before their confidential information was shared with other healthcare professionals and we saw this documented in care files. This meant people could be assured their sensitive information was treated

confidentially, carefully and in line with the General Data Protection Regulations.

- Staff supported people with kindness and compassion and their privacy and dignity were respected. For example, when we visited people, the registered manager and staff offered us privacy to speak to people in confidence.
- People told us, their privacy and dignity were maintained, and one person commented, "Yes, any time we can close the door if we've got anything to discuss. They always knock." Relatives comments included, "They knock the door and pull the curtains," and, "They always announce themselves. They feel she can recognise their voices because of her body language, she reacts to voices she knows."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they liked living at Bury Lodge Nursing Home and they were well looked after. One person told us, "When I moved in, I said asked if there would be a dedicated carer, we've got [staff member]. She's in quite frequently. [Manager] said when their work is done the staff can come and stay with me as long as they like." People's relatives told us people were cared for. We observed staff speaking to people in a kind respectful manner and offering choices throughout the inspection.

- People had access to a range of activities to meet their individual needs. One person confirmed how they enjoyed activities such as; pottering in the garden with the activities coordinator and going out when the weather was nice. Photographs and records demonstrated the activities that people participated in, and staff understood the importance of these for people. A person's relative said, "I've seen them with balloons, batting balloons about. They have a selection of things." And another relative told us, "There's great variety that suits everybody." A staff member told us that the activity coordinator does gardening, baking the cakes, singing, balloons, balls, quiz and cards," They went on to tell us, "A farmer brings animals in, Easter time they'll bring in chicks... We celebrate special days like pancake day. All the staff talk to the people all the time. Even if people are in their rooms we go in and talk with them."

- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information. A person's relative told us that staff could provide personalised care because. "It's a friendly home. It's got that feeling. There's only a low number of people. [Relative] found it easier to come here, she's not just one of many people, not here."

- People's relatives told us their relatives had a care plan and staff followed the guidance held within. One person told us, "They went through it with me. There were proposals for [relative] and it was all discussed with me."

- People's communication needs were known and understood by staff. People's care plans included details which helped new and unfamiliar staff learn about how people expressed their needs. We observed staff were skilled at supporting people with their communication needs and people's relatives confirmed this.

- The registered manager ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. A staff member commented, "Everything is big letters, we print in large print, we write things for people who are unable to hear very well. We offer large print books" and documents confirmed this. The registered manager told us they were looking at other ways to make documentation more accessible to people.

- People's relatives and other professionals were involved in reviews which were person centred and information was shared about people's care when appropriate to support their best interests and promote

positive outcomes for people.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how and who to raise a concern or complaint with. The provider kept a complaints and compliments record. The complaints procedure gave people timescales for action and who in the organisation to contact. People were provided with information in an easy read format on how to make a complaint. It covered requesting a review if people are not happy with the complaint response. This showed that people were provided with important information to promote their rights and choices.
- Documents demonstrated where a complaint had been made this had been, acknowledged, resolved and the complainant had been responded to in writing. Relatives confirmed that on the rare occasion they had to complain they were happy with the response received." One relative told us, "There's been no cause to complain. If there was anything concerning, I would just mention it." People and relatives consistently told us that they felt listened to by the registered manager.

End of life care and support

- When people approached the end of their lives, the provider had systems in place to identify their individual wishes and preferences. The registered manager told us that people involved their family and anyone that is important to them to support them when the plan is completed. Documents demonstrated that end of life care had been fully considered and discussed with people and their wishes and preferences had been documented.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives told us that the service was well run. One person told us, "[Registered manager] seems pleasant. She's popped in here. [bedroom]. She seems fairly easy going with the staff, but she calls them in the office if they're getting lax. The staff are good to me."
- Staff spoke positively about the registered manager. Comments included, "She is really good actually. She is always there for us. If you need any help she is there for us, very friendly and approachable. She always asks us at handover time if we are okay and if we need any help. At Christmas we had a party all the staff got together," and, "[Registered manager] is good in her role, she always asks us if there is anything she needs to know or if there is anything I need support with, she coordinates all the staff."
- Staff had access to policies and procedures which supported them to perform their role effectively. Staff told us information on safeguarding and equality and diversity was available in the office and on the computer.
- The registered manager, staff and relatives told us that the registered manager, senior managers and owners were always readily available, staff told us the culture of the service encouraged an open and transparent approach. One staff member told us, "Usually they call into the home or they'll call us on the phone after an incident to see if we want to talk. They ask us always if we have any concerns. Everyone is very nice, even the owners will ask us how we are and if we need anything. We are really lucky."
- The organisations values focused on providing person centred care, making sure needs were met in a timely responsive manner and being open and transparent with people. We observed that staff understood and cared for people in a manner that was in keeping with these principles and during the inspection staff were relaxed and happy and engaging with people consistently.
- The registered manager and provider were aware of duty of candour and had clear processes in place to ensure this was met when required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their role and responsibilities. There was a senior nurse and a deputy manager in place and senior carers who had some management responsibilities and supported the effective management of the service. Staff were positive about the management team and felt supported.
- People's records were well organised, and regularly checked to monitor the information was up to date and accurate.
- The provider had robust quality assurance procedures in place to check the safety and effectiveness of the service. A range of audits were undertaken such as, infection control, medicines management and care

plans. These enabled the registered manager and provider to monitor and identify any shortfalls in the quality of the service people received. An action plan was completed to identify any improvements required as a result of service audits and quality checks by the provider. This showed action was taken in response to the findings and monitored for completion.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff had opportunities to feedback their views about the home in a variety of ways. Quality assurance questionnaires were sent people, relatives and staff and feedback gathered was analysed. The registered manager would share the outcomes with everyone concerned.
- The feedback received was predominantly positive. Where suggestions had been made, the provider had addressed these. For example, one relative requested a different room for their family member, this was looked into and the change was made.
- Staff told us they felt listened to and could influence change within the service. Team meetings minutes demonstrated that meetings were used to share ideas and suggestions on how the service could be improved.
- Staff were positive about the organisation. One staff member told us, "If there are any concerns {senior managers} are quite approachable. [Provider] is quite friendly and here regularly and speaks to us to. That is the good thing about the company if you say something you always get answered." Relatives told us that it is easy to talk to the acting manager as well as the provider and that the management team knew people very well.

Continuous learning and improving care

- The registered manager told us they kept themselves up to date with developments and best practice in health and social care by reading emails from CQC and monitoring new legislation to ensure people received positive outcomes. When things went wrong they shared learning throughout the organisation, to learn from others and share good practice.
- Feedback was gathered during informal conversations with people and their relatives. We saw evidence of informal meeting invitations to relatives inviting them to a cheese and wine meeting. Minutes from the first informal meeting were available. The registered manager told us these meetings would be held quarterly. Staff told us they were encouraged to feedback about service delivery on a regular basis and share ideas and suggestions on how the service could be improved and documents confirmed this.
- Staff felt supported and had appraisals in line with the providers policy. Observations of interactions between the registered manager and staff showed they were inclusive and positive. Staff spoke of wanting to provide a good quality service for people.

Working in partnership with others

- The service had good links with other resources and organisations in the community to support people's preferences and meet their needs. For example, close links were maintained with the local authority, community nurse teams, GP's, physiotherapists and speech and language therapists.
- Staff supported people to access support provided by external agencies and people had access to a variety of professionals.
- Links were fostered between various religious groups to meet the diverse needs of people living at Bury Lodge Nursing Home and various local entertainers visited the service.