Colten Care (2009) Limited

Court Lodge

Inspection report

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Date of inspection visit:
24 October 2017
26 October 2017

Date of publication:
13 December 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on the 24 and 26 October 2017 and was unannounced. Court Lodge provides accommodation for persons who require nursing or personal care for up to 43 older people. At the time of our inspection there were 38 people living at the home. Accommodation at the home is provided over two floors, which can be accessed using passenger lifts. There is a large garden and patio area's which provide a secure private leisure area for people living at the home.

There was a registered manager in place. 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.

People felt safe living at Court Lodge and risks to people were minimized through risk assessments. There were plans in place for foreseeable emergencies.

People and their families felt there were enough staff to meet people needs. The provider was actively recruiting to fill staff vacancies and agency staff had been used appropriately to ensure all planned shifts were covered.

Relevant recruitment checks were conducted before staff started working at Court Lodge to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse.

People were supported to take their medicines safely from suitably trained staff. Medication administration records (MAR) confirmed people had received their medicines as prescribed.

People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and went out of their way to provide people with what they wanted.

Staff received regular support and one to one sessions or supervision to discuss areas of development. They completed a wide range of training and felt it supported them in their job role. New staff completed an induction programme before being permitted to work unsupervised.

Staff sought consent from people before providing care and support. The ability of people to make decisions was assessed in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully.

People are 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 place in the service supported this practice.

People were cared for with kindness, compassion and sensitivity. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a range of activities. Staff knew what was important to people and encouraged them to be as independent as possible.

A complaints procedure was in place. There were appropriate management arrangements in place. Regular audits of the service were carried out to assess and monitor the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People and their families felt staffing levels were sufficient and that their needs were met.

People felt safe and secure when receiving support from staff members. Staff received training in safeguarding adults and knew how to report concerns.

Staff were trained and assessed as competent to support people with medicines and risks were managed appropriately.

Is the service effective?

Good

The service was effective.

People were given a choice of nutritious food and drink and received appropriate support to meet their nutritional needs.

Staff received appropriate training and one to one supervisions. People were supported to access health professionals and treatments.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

Is the service caring?

Good

The service was caring.

People and relatives were positive about the way staff treated them with kindness and compassion.

People were treated with dignity and respect. People's privacy was respected at all times. People and their families were involved in planning the care and support they received.

People had positive care experiences and staff ensured people's care preferences were met.

Is the service responsive?

Good

The service was responsive.

Care plans provided comprehensive information and were reviewed regularly. The service had introduced the 'Resident of the day' which ensured the staff spent time with the person to ensure care plans were updated and to see what improvements could be made to their needs.

People received personalised care from staff that understood and were able to meet their needs. People had access to a range of activities which they could choose to attend.

People's views were listened to. A complaints procedure was in place.

Is the service well-led?

Good

The service was well led.

People and their families spoke highly of the management and felt the home was well run and management were approachable and supportive.

Staff spoke highly of the management, who were approachable and supportive. Staff felt supported through regular meetings and feedback.

There were systems in place to monitor the quality and safety of the service provided.

Court 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 24 and 26 October 2017 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor in the care of older people living with dementia 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 kind of service.

Before this inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked other information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with six people who used the service, seven relatives, and one visiting health professional. We also spoke with the manager, provider's quality manager, provider's operation manager, activities co-ordinator, chef, three nurses and seven care staff. We looked at a range of records which included the care records for seven people, medicines records and recruitment records for five care workers. We looked at a range of records in relation to the management of the service.

Following the inspection we also received feedback from four external healthcare professionals.

Good

Is the service safe?

Our findings

People and their families told us they felt safe living at the home. A family member told us, "They're great here. It gives me peace of mind. I sleep at night now." Another family member said, "Completely safe here. Staff are fantastic, so brilliant here, really friendly". A health professional told us, "I have complete faith in the nursing staff. I know that if I don't hear anything regarding my patients that things are going well as I know they will call me if I am needed".

People and their families felt there were sufficient staff to meet their needs. One person told us, "At the moment they are a bit short of staff but they still give me a bath." We observed call bells response times and these were all answered in a timely manner. People told us calls bells were answered promptly. One person said, "I use it [call bell] to call for staff, they come fine and very quick if I press the emergency buzzer by mistake." During the inspection we saw that staff appeared relaxed, calm and not rushed and responded promptly and compassionately to people's requests for support. Staffing levels were determined by the number of people using the service and their needs.

We received mixed views from staff about how much time they had to support people. Staff we spoke with told us on the whole staffing was sufficient. However some staff expressed a view more staff were needed downstairs in the morning. As a result they sometimes rushed people to get ready in the morning especially if agency staff were on as permanent staff were more familiar with the people and may have been able to do provide care in a more timely way. One staff member told us, "Sometimes numbers are enough depending on agency staff. Pressure when agency staff are used. We have a few regular agency staff and they are really good".
The management team were already taking action to try to improve this. At the time of the inspection appropriate measures had been put in place to ensure people's care and support needs were met by using agency staff when needed. The service was actively recruiting more care staff. We spoke with the manager about our concerns who told us that they were looking to move a staff member downstairs to help relieve pressure on existing staff and staff working upstairs would help downstairs when they were free. We also spoke with the manager of the staff agency who told us, "Staff are always happy to work there and no concerns have been raised".

Safe recruitment practices were followed before new staff were employed to work in the home. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home. Checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register.

People were kept safe as staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. One staff member told us, "Safeguarding would raise immediately and report to who is in charge". The home had suitable policies in place to protect people; they followed local

safeguarding processes and responded appropriately to any allegation of abuse. People benefited from staff that understood and were confident about using the whistleblowing procedures. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to an external organisation. One staff member said, "Whistleblowing policy in the staff room. I would feel confident in using it".

People were supported to receive their medicines safely. One person told us, "You can always get painkillers, the nurse monitors them." A family member said, "Spot on with medication." Medicine administration records (MARs) confirmed people had received their medicines as prescribed. Training records showed staff were suitably trained and assessed as competent to administer medicines. There were appropriate arrangements in place for the recording and administering of prescribed medicines. There were also effective processes for the ordering of stock and checking stock into the home to ensure the medicines provided for people were correct. Stocks of medicines matched the records which meant all medicines were accounted for. Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

In the home were medicines that required stricter controls called controlled drugs. A spot check of these drugs showed the medicines corresponded with the controlled drugs register which two staff had signed when medicines had been given in line with current legislation. We looked at a MAR chart for one person who were receiving a controlled drug patch. Records showed detailed guidance about the medicine, it's location on the body and the date and time it was administered with the batch number. When it was replaced with the date time and signature of staff.

People were encouraged to maintain their independence around their medicines. We spoke with staff who were able to discuss the process to assess that people were safe to take their own medicines. Records showed that people had been assessed and their understanding had been checked so that people understood what the medicines were for and possible side effects. People had a locked cupboard in their room to store their medicines which they held the key for.

A health professional told us, "They are very knowledgeable about their resident when I come to visit. They give me their time to explain what has been happening and show me relevant medication charts etc. they also act upon any recommendations I have". Another health professional said, "Nursing staff are always questioning medication charts and will either ring myself or GP with any queries. I have always seen excellent protocol carried out if I have been around during the administering of controlled medication".

Staff understood individual risks and records confirmed people's health and wellbeing risks were assessed, monitored and reviewed. One staff member told us, "Risk assessments are very useful". People were supported in accordance with their risk management plans. For example, for one person their risk assessment suggested the use of a walking aid to aid stability. We observed this was accessible and in reach for the person when needed. We also saw clear guidance on the safe use of a hoist and observed an individual sling in the person's room reducing the risk of cross infection.

Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. People had individualised evacuation plans in case of an emergency. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. An emergency grab bag was situated by the front door which was checked monthly. For example, if the batteries needed changing for the torches. Records showed staff had received fire safety training. One staff member told us, "The fire training was very in depth". Staff were aware of the action to take in the event of a

fire and fire safety equipment was maintained appropriately. The home had a business continuity plan in case of emergencies. This covered a range of eventualities and arrangements were in place in case people had to leave the home in an emergency.

Good

Is the service effective?

Our findings

People and their families felt well cared for by staff that were well trained and understood their needs. One person said, "I find it very good." Another person said, "I'm quite happy here." A family member told us, "I find them exceptionally good here and I would say that now [person's name] has settled in. The medical staff keep a good eye on her." Another family member said, "I had to rely on their nursing skills which have been good." A health professional told us, "From what I have seen and any feedback I have received, I have no reason to doubt that they give exceptional care. They are always very friendly when I am visiting". Another health professional said, "Always very friendly lovely atmosphere and homely. Always supported and informed of anything that is going on."

People received varied and nutritious meals including a choice of fresh food and drinks. One person told us, "Both chefs are very good, they come and see me and I have full co-operation with them." Another person said, "They say if you don't like what's on the menu we will do you something else, they're quite good". A family member told us, "The food is excellent, and the presentation is good." Another family member said, "Food is fantastic, very good food. Make cakes for birthdays, really lovely can't fault it at all".

Mealtimes were a positive and sociable experience for people. A bread machine was placed in the dining room and fresh bread was baked daily and used at teatime. This created a lovely aroma in the dining room and encouraged people to eat due to the smell of the fresh bread. People received meals including a choice of three options and one vegetarian option at lunch time. This also included a choice of vegetable and three different choices of dessert. Supper was a choice of four options including sandwiches with a choice of different fillings and bread and how they would like it presented in either two quarters or four quarters.

Staff were all aware of people's dietary needs and preferences. They said they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. The chef was aware that some people could change their mind or forget what they ordered and this was taken into account when preparing the food. The chef told us, "I see every resident when they come into the home then review every six months".

New staff to Court Lodge completed a comprehensive induction programme and staff were required to complete a workbook, similar to the principles of the care certificate, which needed to be signed off by a senior member of staff. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. One staff member said, "I completed The Care Certificate at induction, staff were helping me if I was unsure".

The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as clinical training of nursing staff, medicines, manual handling, infection control, health and safety, safeguarding adults, fire safety, end of life, nutrition and hydration, dignity and respect, and first aid. In addition, a high proportion of staff had completed or were undertaking vocational qualifications in Health and Social Care. One staff member told us the registered provider had, "Just introduced a health and social diploma level three in activities, I can't wait to

do that". Other comments included, "Training so far has been good". As well as, "We get a lot of training I like it".

People were supported by staff who had supervisions (one to one meeting) and an annual appraisal with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they may have. One staff member told us, "I've had a few supervisions which are helpful always learning something new". Another staff member said, "Supervisions by manager every couple of months. Find them supportive any issues can go to my manager and quite good feedback. Anything we want we can ask for and get it".

Before providing care, staff sought verbal consent from people and gave them time to respond. One staff member said, "Ask for consent first if happy for us to proceed make sure they are happy with what we are doing. If any problem will stop if not happy with anything". Another staff member said, "Explain what I am doing and get permission". Where people had capacity to make certain decisions, these were recorded and signed by the person.

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to 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's care plans showed, where necessary, people's capacity to make specific decisions had been assessed and recorded. Staff knew how the principles of the MCA applied in the home and what to do if they were concerned about a person's ability to make decisions.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Relevant applications for a DoLS had been submitted by the home and were waiting to be assessed by the local authority. Staff were aware of the support required by people who were subject to DoLS to keep them safe and protect their rights.

Records showed that people were supported to have access to healthcare services and, where necessary, a range of healthcare professionals were involved in assessing and monitoring their care and support to ensure this was delivered effectively. A family member told us, "They monitor, take bloods, liaise with the hospital, organise transfusions. It's taken a great weight off me."

Staff worked well with health professionals. One health professional told us, "The staff are always approachable and supportive with our discharges and families and patients always speak well of the home". Another health professional said, "We only have two to three patients now at this home. It has always been well run in my experience, communicates well and takes initiative with patient care".

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. One person told us, "The staff are marvellous. We have a good laugh". Another person said, "I'm happy here," and, "It's smashing." People told us they found the staff, "Lovely," and, "They're all great." As well as, "The staff appear to have a lot of patience". A family member told us, "Staff are very human, not just functional – a lot of personality which is great for a visitor as well". Another family member said, "They're [staff] beautiful here, very encouraging." Other comments included, "The staff are very caring." As well as, "All the staff are caring and social." A health professional told us, "I am always so impressed with the friendliness of all staff from reception and housekeeping to carers and nursing staff. The atmosphere appears welcoming and I like the fact that I always see residents 'hanging around' reception and talking to staff. The relationship between staff and residents always seems lovely".

People told us that privacy and dignity was adhered to and we observed care was offered discretely in order to maintain personal dignity. A family member told us, "Staff are very caring, treat with dignity and respect". Another family member said, "They [staff] speak appropriately to her and respond in a good way, it's all very heart warming." People's privacy was protected by ensuring all aspects of personal care were provided in their own rooms. One staff member told us, "I knock on the door draw curtains, cover with a towel and make sure the door is shut". A health professional told us, "Very helpful and friendly staff who treat residents with respect and care".

Staff spoke about their work with passion and spoke about people warmly. One staff member told us, "I enjoy working here; the best thing is getting to know all the residents individually". Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. All the interactions we observed between people and staff were positive and friendly. Staff informed us that last year one person wanted to celebrate a special birthday by going up in a hot air balloon despite having limited mobility. The home used an air ballooning company that had wheelchair access and the person went up in a tethered balloon. The activities coordinator told us, "[person's name] really enjoyed it and it was a very special day."

People's care records included information about their personal circumstances and how they wished to be supported. When people moved into the home, they (and their families where appropriate) were involved in assessing, planning and agreeing the care and support they received. Care plans were detailed and showed people were involved in the planning and reviews of their care as they had signed these. Care plans reminded care staff to offer people choices such as in respect of clothing, meals and drinks. A family member told us, "If [person's name] is in her room and staff think there is something going on which she might enjoy they come and ask if she wants to attend." Another family member said, "Knew when I came it was the right home. No complaints whatsoever".

Staff understood the importance of promoting and maintaining people's independence. One person told us, "I manage what I can and the staff help me with the rest." A staff member told us, "Independence even if staying in bed explain would you like to wash your face and can bring a bowl for them to wash their hands". Another staff member said, "If having problems with eating, order special equipment so they can do

themselves". Peoples care plans had details of how to support people to do things as independently as possible. People who required prompting to use mobility aids, were prompted to be as independent as possible.

People and their families were given support when making decisions about their preferences for end of life care. Staff also completed end of life training in co-operation with the local hospice. A health professional told us, "Staff attend various end of life care training courses that [a local hospice] supply. For example, syringe driver updates, symptom management and verification of expected death". Another health professional said, "I am aware that Colten staff do attend our palliative care training sessions here at [local hospice] and actively take an interest in our education programme".

We observed caring behaviour in staff interactions with people, which demonstrated person-centred care in their familiarity with each person, and the ease of communication. Confidential information, such as care records, was kept securely and only accessed by staff authorised to view it. When staff discussed people's care and treatment they were discreet and ensured conversations could not be overheard.

Good

Is the service responsive?

Our findings

People received care that met their needs and took into account their individual choices and preferences. One person told us, "Quite honestly I don't think people have got anything to complain about." Another person said, "When I first came I could barely walk. One of the carers said 'come on, you can do it' and now I can walk up and down the corridor so she did a good thing." A family member told us, "In terms of care it is 10/10. It's excellent nursing care here." Another family member said, "The appeal here is as soon as you walk in it has a homely feel." Other comments included, "She [relative] always looks spotless". As well as, "I can't fault this place at all."

People experienced care that was personalised and care plans contained detailed daily routines specific to each person. Care plans provided information about how people wished to receive care and support. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans were comprehensive and detailed, including physical health needs and people's mental health needs. For example, one person's communication care plan informed staff they were able to communicate clearly when wearing their hearing aid and glasses. Records showed photographs of the person's glasses and hearing aid so they are easily identifiable if mislaid. This showed staff were aware of people's needs.

Records showed care plans were reviewed on a monthly basis, or sooner if necessary. People and/or their relatives/representatives were involved in reviews according to each person's wishes or best interest's decision. Information about people's preferred daily routines were also included in their care plans. Through talking with staff and through observation, it was evident that staff were aware of people's care needs and they acted accordingly. All care staff contributed to keeping peoples' care and support plans up to date and accurate.

The provider had recently introduced the 'Resident of the day'. This system allowed each person in the home to have one day of the month where they were made to feel extra special as they are the focus of the day. Staff would spend their day ensuring the person's care plan and risk assessment were reviewed in detail. This also included a room check, looking at cleanliness, clothing and any improvements required to the room. Catering staff will ask about people's preferred food choices to make sure all the information is up to date and that people are happy with the quality of the food and if any improvements can be made. Activities and management staff were also involved to ensure the service is meeting people's expectations.

We observed a daily morning meeting. Staff told us the aim of the meeting was to be quick and focused and to give staff in every department a twenty four update. These daily meetings were attended by heads of departments including housekeeping, administration, kitchen and nursing and care staff and were chaired by the manager. This helped ensure that information was shared, and acted upon where necessary. In addition to the meeting there were handovers between staff throughout the day and night to make sure that important information about people's well-being and care needs were handed over to all the staff coming on duty. One staff member told us, "Handover before we start work. I was off for a while and I was updated on my return".

Activities took place daily. One person told us, "We have pat dog on a Thursday." Other comments included, "Exercises, scrabble – I like that." As well as, "If the weather's nice we can walk round the garden." A family member said, "They do a lot of different activities; anything to make a slight change to the day." Another family member said, "Lovely to see [person's name] enjoying the singing this morning." A third family member told us, "A few days ago everyone in the lounge was laughing, it was lovely." We spoke to the activity coordinator who told us they have just introduced a pat bunny. Activities included, baking, musical entertainment, quizzes, films and outside entertainers visiting the home.

Activities also took place in the community. One person told us, "Usually on a Wednesday there are trips out. They have their own minibus". The provider owned a mini bus that was shared between five of its homes. We spoke to the activity coordinator who told us trips out could be either an all day trip or two shorter trips each week.

Activities were also held for people who are cared for in bed, or if people choses to stay in their rooms. These included, hand massage, manicure, quizzes, pat dog as well as one to one time with staff to chat about peoples interests. The activity co-coordinator told us, "I have a list of people to visit during the week. I take my trolley and visit. If family are visiting I go back later". A family member told us, "[Person's name] doesn't join in activities, likes to watch sky in his room. Staff go in and see him, in and out all the time". Other comments included, "The activity girls have such lovely cheeky personalities." As well as, "The activity staff are great."

The manager and staff had excellent links with the local community. In the summer people living at the home, friends and families and staff had been involved in the local carnival. Staff told us the theme was Mary Poppins and people were involved in making props to use for the carnival. The home also held a BBQ where a local pony came to visit as part of a theme of the old west. The manager told us, "For Halloween we have informed the local school and staff children to visit the home for trick or treat and we will provide some chocolate".

The provider was working in partnership with a local community support group in conjunction with the local hospice. This was to provide a programme of organised activities and events during the winter months. One of the events was a winter wonderland planned in December with someone coming in to switch the Christmas lights on. The manager told us about a weekly pop up café which has started with people in the community to pop in and visit. They said, "Residents have been positive to this". A health professional told us how the manager and staff were working with them in the community. They said, "Their Pop up Café is one example of how they have fostered an 'open door' policy to encourage their immediate local communities to feel welcome, engage in dialogue and try to dispel myths of growing old and living well".

Residents' and relative meetings were held every quarter. One person told us, "They have regular residents meetings; you can go and raise anything. My niece usually goes with me." A family member said, "The one I went to (the previous manager) probed the residents to get them really involved." Minutes showed people were kept informed about any changes and asked their views about aspects of the service such as meals and activities. Staff told us this was a time to discuss any issues in the home. Copies of minutes in September 2017 showed that the gardener had informed people there were some tomatoes in the garden ready for eating and that people could pick some flowers from the gardens for their rooms, as it was their garden.

The provider also sought feedback through the use of an annual quality assurance survey questionnaire send to people living at the home and their families. The feedback from the latest quality assurance survey from June 2017, were positive and results showed that 100 % consider staff to be kind and friendly and that

people were content living at the home. People said they would like to be more physically active and as a result more physical activities have been put into the activity programme.

People knew how to make comments about the service and the complaints procedure was prominently displayed. People's families also told us the staff kept them updated about any concerns and felt communication at the home was very thorough. One family member told us, "Any issues and the staff phone me immediately. I'm kept very up to date." Another family member said, "I also get a monthly phone update and so does my sister in Germany." Other comments included, "Communication is excellent." As well as, "Oh yes, they ring about anything." Records showed complaints had been dealt with promptly and investigated in accordance with the provider's policy.

Good

Is the service well-led?

Our findings

People and their families felt the home was well led. One person told us, "I like to sit in reception, see what's going on and have a chat." A family member told us, "My initial impression of the home has lived up to my expectations." Another family member said, "[Persons name] been here since 2014, have to say best move I made". We asked family members what they thought of the manager. A family member said, "I think she is great. She has a very good awareness of [person's name]. She is very approachable. I can talk to her on a level she will understand me. I trust her." Another person said, "She has a happy smiling face that the residents, and I, certainly like." Other comments included, the acting manager is so approachable and helpful." As well as, "Management very good". A Health professional told us, "Management very good, very supportive I enjoy coming here".

Staff were positive about the support they received from the management within the home. One staff member told us, "I love working at Court Lodge. I wouldn't move. I wouldn't change it for the world staff are lovely all get on." Other comments included, "Management really good, think all good". As well as, "I feel very supported".

Staff meetings were carried out every three months with nurses and care staff and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. Staff were encouraged to read minutes if not able to attend meeting.

Staff understood the values and vision of the service; the aim and promise of the service were, 'cherishing you.' The reassuring commitment each staff member makes to each resident was underpinned by the provider's five values of, 'friendly, kind, individual, reassuring and honest'. This was evident throughout our inspection and we observed many positive and caring interactions between staff and the people living at the home. The values of the home were clearly displayed around the home.

The management and other senior staff who worked in the home used a system of audits to monitor and assess the quality of the service provided. These included medicines, infection control, health and safety, care plans, tissue viability, bed rails and mattress, activities, complaints, call bell response times, and staff files. Where issues were identified, remedial action was taken. In addition to the audits monthly quality assurance meetings were held where risk management and audits were discussed. The manager maintained a visible presence in the home and had regular discussions with the staff team about any improvements or changes that may be needed.

There were processes in place in the service to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

In addition to the audits, the home was supported by the operations manager, quality manager and clinical lead manager who visited the home regularly to support staff and speak to residents. Part of their role and

support involved carrying out an informal inspection of the home during their time spent in the home. Where issues or concerns were identified an action plan was created and managed through the regular meeting processes. They were also available to support staff and monitor the quality of the service provided.

The provider produced a newsletter every quarter called 'talking care' which was produced twice a year looking at the clinical side of the service. In the latest edition the service looked at the importance of quality audits and how this is used to improve the service.

The manager informed us they kept up to date by attending training as part of their revalidation as a registered nurse. They told us how they had achieved a learning champion through the nursing times for the number of units they have completed on line through the nursing times on line. These units can then provide evidence of competency for Nursing and Midwifery Council revalidation. As well as reading publications and passing on information to their teams. The manager told us they felt very supported by the provider.