

Rusthall Lodge Housing Association Limited

Rusthall Lodge Care Home

Inspection report

Nellington Road
Rusthall
Tunbridge Wells
Kent
TN4 8SJ

Tel: 01892556500

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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

Rusthall Lodge Care Home provides residential and nursing care and accommodation for up to 69 older people. It also offers respite care services for short stays. At the time of our inspection there were 65 people living at the service. The home is spread over three floors and is situated within quiet rural grounds in Kent.

People's experience of using this service

People and their relatives spoke positively about the service and said staff were kind, caring and supportive. Throughout our inspection we observed staff interacted positively with people and had formed respectful relationships with them and their relatives.

The service had safeguarding and whistleblowing policies and procedures in place and staff had a clear understanding of these procedures and how to keep people safe. People's needs, and preferences were assessed and risks were identified with plans in place to manage risks safely. Medicines were administered and managed safely and staff followed infection control practices to prevent the spread of infections. Robust recruitment checks were in place and there were sufficient staff available to meet people's needs promptly. Staff had the skills, knowledge and experience to support people appropriately. Staff were appropriately supported through induction, training and supervision.

People were supported to maintain a healthy balanced diet that met their cultural and dietary preferences. 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 support this practice. People were involved in and consulted about their care and support needs. People had access to health and social care professionals as required. People were supported to participate in activities of their choosing that met their needs and interests. Staff worked with people to promote their rights and understood the Equality Act 2010 supporting people appropriately addressing any protected characteristics.

There were effective systems in place to assess and monitor the quality of the service. The service worked in partnership with health and social care professionals to plan and deliver an effective service. The service took people's and staff's views into account to help drive service improvements.

Rating at last inspection: Good (Published 9 May 2017).

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

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received, we may inspect the service sooner.

For more details, please see the full report which is on the 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 ●

Rusthall Lodge Care 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 as part of our regulatory functions. This inspection checked 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.

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

Rusthall Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

This inspection site visit took place on 28 November 2019 and was unannounced.

What we did

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts they had raised. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service. We used this information to help inform our inspection planning.

During the inspection we spoke with seven people using the service and six visiting relatives to seek their feedback on the service. We also 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 ten members of staff including the operations manager, registered manager, deputy manager, nursing and care staff, cook kitchen and housing keeping staff, community relations officer and lifestyle coordinators. We reviewed a range of records including 10 people's care plans and records and five staff recruitment and training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and minutes of meetings.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. 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 or harm.
- People and their relatives told us they felt safe and staff supported them safely and appropriately. One person said, "I feel very safe, the staff are lovely and kind." Another person commented, "They're [staff] great. They help me with whatever I want. They come fairly quickly when I press my bell." A relative commented, "The staff are very good, I have no cause for concern."
- The registered manager had effective oversight and knowledge of safeguarding within the home and staff were aware of their responsibilities to safeguard people including how to report abuse. Training records confirmed that staff had received up to date training on safeguarding adults.
- There were up to date policies and procedures in place for safeguarding adults and effective systems to report and act on concerns or allegations. Safeguarding records demonstrated that concerns were appropriately managed by staff and referrals were promptly sent to local authorities and the CQC when required.

Assessing risk, safety monitoring and management

- People were kept safe because risks and potential hazards were identified and assessed and guidance was provided to staff to support, manage and minimise risks to people.
- Risks to people's safety and well-being were assessed and care plans were developed and reviewed to manage identified risks whilst ensuring people's independence and rights were promoted and respected.
- Risks to people were documented and care plans guided staff on how to provide care safely. For example, risk assessments assessed areas of risk and care such as moving and handling including the use of equipment, mobility and risk of falls, nutrition and hydration and skin integrity including wound management. Risk assessments also provided staff with instructions on actions to take in an emergency situation, for example, when supporting people who are at risk of epileptic seizures.
- There were systems in place to deal with foreseeable emergencies and people lived in a service which was maintained safely. People had individual emergency evacuation plans in place which documented the level of support they required to evacuate the building safely in the event of an emergency.
- Maintenance and environmental checks were conducted to ensure the premises were safe. These included electrical and gas safety checks, water temperatures and Legionella testing, bed rail and mattress checks and the servicing of fire equipment amongst other areas. One person commented, "We have weekly fire alarm tests and the doors all close automatically. Staff know that I don't like my door being closed and come around straight away to open it up again."

Learning lessons when things go wrong

- The registered manager and staff understood the importance of reporting and recording accidents and incidents.
- Records demonstrated staff had identified accidents and incidents and had taken appropriate action to address them. Where required accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals.
- Accidents and incidents were monitored and reviewed on a regular basis to identify themes and trends as a way of preventing recurrence. Any lessons learnt were shared with the staffing team through staff meetings and supervisions.
- The provider introduced a post falls observation strategy within their electronic care planning system which allows for automatic checks following a fall to be conducted by staff. Benefits of the system include greater staff awareness, prompt response to falls and reviews of risks conducted to reduce the risk of reoccurrence.

Using medicines safely

- Medicines were managed, administered and stored safely.
- During our inspection we observed medicines rounds. Medicines were administered by qualified nursing staff only. People were consulted about how they wished to take their medicines and staff were patient and respectful waiting for people to finish taking their medicines before leaving. Information on people's medicines were recorded on the providers electronic medicines system. This prompts staff when medicines were due and staff scanned barcodes on medicines containers to ensure the correct medicines and dosage were administered.
- There was guidance in place for staff on when to offer people 'as required' medicines and medicines room temperature monitoring was in place to ensure medicines were safe to use.
- Nursing staff received medicines training and had their competency assessed to ensure they continued with safe best practice.
- Medicine audits were conducted on a regular basis to ensure safe practice. Findings from audits were shared with staff and any areas for improvement were identified and acted upon.

Preventing and controlling infection

- Staff received training on infection control and were provided with personal protective equipment such as aprons and gloves to promote good infection control practice.
- Staff supported people to understand how to reduce the risk of infection and how to maintain good personal and environmental hygiene.
- People and their relatives told us the home was kept clean. One person said, "Everything always looks clean and tidy." Another person commented, "Its lovely and clean here, they [staff] are always cleaning."
- We observed the home environment was clean, free from odours and there were appropriate infection control policies and procedures in place.

Staffing and recruitment

- There were enough staff to meet people's needs and recruitment systems worked to reduce the risk of unsuitable staff.
- People told us there were enough staff to support them safely. One person commented, "There are always staff around if I need them, I can use my bell if I need to." Staff told us there were enough staff available to support people appropriately, one member of staff commented, "The current level of staffing works well." Staff rotas confirmed planned staffing levels were consistently maintained.
- Throughout our inspection we observed call bells were answered promptly, and staff were attentive to people who chose to stay in their rooms or needed to because of their health needs. One person commented, "They [staff] would come and do anything you need." Another person said, "We call if we need

to, the staff come quite quickly."

- Staff were recruited safely. Full employment checks were completed before staff started working with people. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

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 the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant 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 and their relatives were involved in assessments and were supported and empowered to make choices about their care. Where appropriate, health or social care professionals were also involved to ensure people's individual needs could be met.
- Assessments covered areas such as physical and mental health needs, personal history and preferences, capacity and consent and nutrition and hydration amongst others. Nationally recognised assessing and planning tools such as the multi universal screening tool (MUST) were used to assess individuals' nutritional risks. People were supported in accordance with best practice, guidance and legislation as staff received regular training to ensure their knowledge was up to date.

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

- People's physical and mental health care and support needs were effectively assessed, documented and reviewed to ensure their needs were met.
- People and their relatives told us staff supported them to maintain their health and responded promptly to health requests. One person said, "I can ask to see a doctor as there are weekly doctors' rounds, you only have to ask." Another person told us, "I only have to go to someone, and it is sorted out straight away." A relative commented, "They [staff] will call the doctor for [relative] there is a regular round."
- Records of health care appointments were documented in people's care plans detailing any treatment required or received so staff were informed of any changes. People were referred appropriately to health and social care professionals such as, GPs, speech and language therapists, community mental health teams, occupational therapists and dieticians amongst others when required.

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

- People's nutrition and hydration needs were met and supported by staff.
- People told us the food on offer was good. Comments included, "Food is very good, three choices every day. They [staff] come around with breakfast and then I choose lunch and supper", "The food is reasonable, I get a choice", "I really enjoy the food, the cook does a great job", and, "The food has improved and the choice is better, the quantities have improved too."
- We spoke with the cook who was a long-standing member of staff. They were very knowledgeable about people's nutritional needs and specialised diets and catered for everyone's preferences. They told us and we observed that people were regularly consulted about the menus and types of foods they preferred. We saw that foods were delivered fresh from local providers and prepared within the home. The cook told us and we

saw that people who required textured foods had these meals prepared by an external frozen food's supplier. They told us this was to ensure they received a well-balanced nutritional meal.

- We observed meal times in the dining room and in people's rooms where some people preferred to eat their meals. People received the diets and consistency of foods in line with health care professional's recommendations. We noted there was a good staff presence and people were supported or encouraged to eat their meals where required. People were provided with a variety of adapted cutlery and crockery such as two handled cups and plates with high edges to help promote independence at meal times.
- Risks to people associated with eating and drinking were assessed and managed safely by staff. Where people were assessed as being at risk of malnutrition care plans guided staff in how best to support them including monitoring their weight on a regular basis.
- The Food Standards Agency visited the service in November 2018 and rated them 5 which is the highest rating a service can be awarded.

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.

- Staff were knowledgeable and aware of the need to assess people's capacity if required to support them to make decisions. Staff had received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA.
- People told us staff sought their consent before they offered support and respected their decisions and rights. One person commented, "They [staff] are very respectful and always consult me."
- Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection we found that the authorisation paperwork was in place and kept under review by staff.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to meet people's needs and were supported by the provider through an induction programme and on-going training.
- Staff completed an induction programme in line with the Care Certificate, a nationally recognised programme for health and social care workers.
- Staff were knowledgeable about the people they supported and received training appropriate to their needs. This included mandatory training in areas such as safeguarding, moving and handling, dementia and infection control amongst others. Nursing staff were also provided with specialised training such as wound care, end of life care, fluid and nutrition and dysphagia.
- Staff told us and records confirmed they received regular supervision and support.

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

- People were encouraged to personalise their rooms with their own items.
- People had access to equipment that enabled greater independence whilst ensuring their physical and

emotional needs were met, for example, hoists, walking aids and wheelchairs.

- Care plans contained guidance for staff on the use of equipment which was subject to regular checks and routine servicing.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were involved in decisions about their care and support needs. One person said, "I get outside when I want to. I have a wrist bell to press if I need help. I like to get out into the garden." A relative told us, "Communication is good from the home. They [staff] are always available and will give advice. I'm really pleased with the care that they give to [relative]." Another relative commented, "When I walk in to visit [relative], they [staff] give me the heads up so I know where [relative] is at and how they are doing."
- People were provided with information about the service in the form of a service user guide and seasonal news magazines in a format that met their needs, for example, large print. A comments and suggestions box was located in the reception area and provided people with the opportunity to give feedback or to suggest service improvements.
- People and their relatives were provided with a range of opportunities to express their views about the care and support through regular care reviews, meetings and surveys.
- Care plans included people's preferences and choices about how they wished to be supported and meetings took place with people and their relatives where appropriate, to discuss their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives told us staff were kind and caring and supported them to meet their needs and wishes. One person said, "I was recommended to this place, I never looked anywhere else. I am very happy living here and the staff are kind and caring." Another person told us, "They [staff] do anything you ask, they don't quibble with anything." A third person said, "Staff are all very kind and very helpful." A relative told us, "They [staff] are more friends than carers, they like [relative] and all the staff are nice to [relative]. They know [relative] very well and have a laugh."
- Throughout our inspection we observed people appeared happy, content and relaxed in the presence of staff creating a warm family type atmosphere. We noted people had strong relationships with other people living at the home and with staff. Staff were responsive to people's needs and requests and showed an interest in what people were doing or wanted to do. We observed staff addressed people by their preferred names respectfully and with kindness.
- People's diverse needs were respected, assessed and documented as part of their plan of care. Staff respected people's differences and explored and worked with them to meet their cultural and diverse needs. For example, supporting people to practice their faith and attend religious services held at the home.
- Staff had a very good understanding of people's preferences and were sensitive to include everyone in group activities, irrespective of their individual capabilities. For example, we observed an activity session of Yoga where people were supported to do chair based stretching exercises with calming music. We saw that

one person became upset, stating "I can't do it". We saw how a member of staff spoke gently to the person providing them with reassurance whilst taking a seat alongside them to show the person who was then able to copy the staff members moves.

- Staff had received training on equality and diversity to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with respect, maintained their dignity and privacy and supported them to promote their independence. One person said, "They [staff] shut the door and cover me up when helping me to wash." Another person told us they had their own hairdresser that visited them when living at home and the staff supported and enabled this arrangement to continue as "I like the way they do my hair." A relative commented, "The care staff know [relative] so well. Even the new ones are kind and caring and they treat [relative] with dignity."

- We observed staff ensured people's privacy and dignity was respected by knocking on their doors and seeking permission before entering their rooms.

- Throughout our inspection we observed people were supported and encouraged to remain independent. For example, staff provided support to people in a caring and respectful manner helping them to ensure they could mobilise independently but without unnecessary risk.

- One relative told us that their [relative] liked to walk a lot and walked quite fast which posed a risk of falls. They told us how the service sought a device that used GPS signals to tell staff where the person was when they needed them and that the person could call for help if required and staff can call the person to tell them when they have visitors. They expressed that this kept [relative] more independent than before and minimised the risks and worked better than pressure sensor mats which alerted staff when the person left their bedroom.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People received care that was personalised and supported choice and control. One person said, "They [staff] will do anything for you, you just have to ask. Nothing is too much trouble, they are very kind." Another person told us, "I can do whatever I want. If there is something I don't want I don't have it, it's my choice all the time." A relative commented, "Staff are marvellous, they will do anything you ask. I'm very happy with the care that [relative] gets, its tailored to [relative]."
- People's care and support needs were assessed and reviewed to ensure their individual needs and wishes were met appropriately. People were treated as individuals and were able to follow their own routines and choices. For example, one relative told us, "[Relative] doesn't like joining in group things, but they [staff] send someone round to do arts and crafts, or to read or look at pictures with [relative]."
- Care plans contained detailed information on how people's needs should be met in view of their wishes. Clear guidance for staff on how best to support people to meet their identified needs and wishes was documented. For example, individuals' preferences for their support to be provided by male or female staff.
- The service was very responsive to people's needs which was supported and enhanced with the use of software systems and assistive technology within the home. This included sensor mats and chair sensors to alert staff if someone was at risk of falls, person-centred software (PCS) care plans which allowed for staff to update or record a change in people needs immediately and a text to speech light writer including audio books that staff use in the book club where people can hold a book and turn the pages but also hear the story read out loud if they struggle with reading small print. The service had also recently implemented a new system called Interactive Me which is tablet-based. Individuals can set their own profile up on one of the 15 tablets the home had purchased and input their favourite interests, pictures, music, films etc for them to use and reminiscence material to share with people. The lifestyle team were working with people and some relatives to support them to use the system. All activities were recorded using the PCS system so that staff can see whether people enjoyed activities they attended.

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 were supported to access important information relevant to them. For example, easy to read or pictorial care plans were available.
- People's communication needs were identified, assessed and recorded in their care plans. Staff understood and acted in accordance with the AIS.

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 supported to access and participate in meaningful activities that were relevant to them. One person told us, "I'm not a party person but there are tons going on. I belong to knit and natter thing that goes on upstairs." Another person said, "There is always something going on here. I enjoy most things, they [staff] make it interesting."
- We saw weekly activity plans displayed within the home informing people of activities they could participate in. For example, visiting entertainers were present almost every day in different areas of the home. A visiting Yoga teacher who we observed during our inspection, fitness instructors, Sunday morning newspaper groups, Danish pastry sessions, regular religious services from various religious dominations, arts and craft sessions and several clubs including knit and natter, bridge group and a fortnightly art class. We also saw a planned talk by a local author, a floristry workshop, coffee mornings and a recorder recital by local school children.
- We spoke with the community relations officer who told us the home had won 3 gold awards at Tunbridge Wells in Bloom. They said they were recruiting volunteers for the home to help with one to one activities, trips out and events. They informed us that they had made links with a local Beavers group who had been to the home to meet with residents. We noted the home had been involved in knitting charities where people and staff knitted for neo-natal babies and for the elderly in countries overseas. They advised that next year they planned to open the award-winning garden to raise money for the local hospice and provide cream teas. They are part of the federated scheme of learning with the hospice where staff access additional training courses.
- People were supported to maintain and develop relationships with those close to them. One relative said; "We are always kept informed about any issues." Records showed family members had been updated when changes in people's needs were identified.

End of life care and support

- People received responsive care and support at the end of their lives.
- Care plans documented discussions had with individuals and their relatives about any advanced directives and end of life care wishes including choice of funeral arrangements.
- Staff had received training in end of life care and had a good understanding of current best practice and guidance in relation to end of life care.
- There were responsive positive links with external health and social care professionals', including GPs and the local hospice.

Improving care quality in response to complaints or concerns

- There were appropriate arrangements in place to respond to people's concerns and complaints.
- We observed the registered manager operated an open-door policy and people told us they felt comfortable and able to complain. One person said, "I don't have any complaints at all, they [staff] do a great job. I would speak with the manager if I did." A relative commented, "I always take any concerns to the office, they [staff] usually get it dealt with quickly." Another relative told us they hadn't received a good response in relation to a concern they had raised. We drew this to the registered managers attention who took action to address the issue.
- The complaints procedure was available in different formats to meet people's needs and was on display and made accessible to all.
- Complaints records we looked at showed that when complaints were received these were responded to appropriately in line with the provider's policy to ensure best outcomes for people. There were systems in place that ensured complaints and suggestions were managed appropriately including a complaints analysis tool to monitor progress and outcomes.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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, and 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 service had an experienced registered manager in post. They knew the service well and were aware of their registration requirements with CQC. They knew the different forms of statutory notifications they were required to send the CQC by law. They were aware of the legal requirement to display their CQC rating which we saw was on display.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager demonstrated an in-depth knowledge of people's needs and the needs of the staffing team.

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

- People, their relatives and staff spoke positively about the service. Comments included, "Staff treat my [relative] with dignity and care", "I like living here, people are gentle and kind", "I am really pleased with the care here, staff are very caring", "They [staff] attend to [relative] with dignity and respect", and, "It's a nice home that's well managed."
- The service actively encouraged feedback from people, their relatives and staff which was done in a variety of ways, for example, through meetings, comments and suggestions box and surveys. Feedback seen was positive and we saw residents' meetings were due to commence in the coming weeks.
- Staff told us management support was available to them when needed and the service was well managed. Comments included, "I really enjoy my job, that's why I'm still here after all this time", and, "It's a lovely home and the manager does a good job. People receive good care and the staff work well together to do their best for people."

Continuous learning and improving care

- The registered manager recognised the importance of regularly monitoring the quality and safety of the service to help drive improvements and there were systems and processes in place to monitor and make improvements when required.
- Audits and checks were routinely conducted and recorded on the providers system in areas such as health and safety, environment and premises, infection control, clinical care and medicines management amongst others. We saw that a mock CQC inspection of the home was conducted in May 2019 by the provider.

Findings identified some areas that required improvement which we saw the provider had implemented and completed an action plan for. We noted that the majority of actions had been completed with some that were a work in progress.

- Daily staff handover meetings were held and provided staff with the opportunity to discuss people's individual daily needs and any issues or concerns so they could be promptly remedied. Staff meetings were also held and provided staff with the opportunity to discuss issues relating to the management and safety of the service and home environment.

Working in partnership with others

- The registered manager and staff worked effectively to develop good working relationships with health and social care professionals to ensure people's needs were met appropriately. For example, working closely with service commissioners, mental health professionals, GPs, speech and language therapists and hospices and palliative care teams.