Totham Lodge Home for the Elderly

Totham Lodge Home for the Elderly

Inspection report

Broad Street Green Road
Great Totham
Maldon
Essex
CM9 8NU

Tel: 01621891209
Website: www.tothamlodge.com

Date of inspection visit:
10 October 2018

Date of publication:
28 November 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This comprehensive unannounced inspection was carried out on 10 October 2018. This was the first inspection of the service since it was registered with the Care Quality Commission (CQC) in September 2017 when it changed ownership.

The service is a 'care home'. People in care homes receive accommodation and nursing and/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.

Totham Lodge Home for the Elderly is registered to support 28 older people, some of whom may be living with dementia. On the date of our inspection, 26 people were being supported by the service.

People and their relatives told us the service was a safe place to live. Risks to people were appropriately assessed, managed and reviewed. Staff had received training on safeguarding adults from abuse and understood their responsibilities to prevent people from experiencing harm.

Staff were recruited appropriately. Full checks had been undertaken so that people were kept safe. There were sufficient numbers of staff deployed to meet the needs of people who used the service. Medicines were managed safely and people received them as prescribed. Infection control processes were in place to minimise the risks and spread of infection.

Staff were well supported at the service and received induction, training and supervision to carry out their role. People had sufficient food and drink and were provided with choices at meal times. People had access to healthcare services to maintain their health and well-being. People's capacity to make their own choices and decisions were assessed and reviewed and they or their representatives were involved in decisions about their lives.

The house was a Grade II listed building which had been extended and adapted to meet people's needs. However, parts of the building, bedrooms and furniture were in need of refurbishment and repair. This was being addressed by the provider.

The staff were caring, kind and considerate. They knew people well and were sensitive to their needs. People's independence was promoted and encouraged by the staff and they were treated with dignity and courtesy. Staff ensured people's privacy and dignity was maintained and respected.

People received a service which responded effectively to their needs. Care plans were person centred and reviewed regularly to ensure they reflected people's current care needs, wishes and preferences. People were involved in having a voice about the service they received and feedback from them and their relatives about the service was positive. People had opportunities to participate in one to one and group activities if they wished. Information on how to raise concerns or complaints was available and people and their

relatives were confident that any concerns would be listened to and acted upon.

There was a well respected management team who were visible in the service and well respected by the staff. There were systems in place to regularly assess and monitor the quality of the service. Audits of the service were undertaken and analysed to ensure the service was operating safely. The service was delivering quality care to people who used the service.

Further information is in the detailed findings below.

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 were cared for by staff who had been appropriately recruited.

There were sufficient numbers of staff to safely meet the needs of people.

Potential risks to people were identified, managed and reviewed to help keep people safe.

People received their medicines as prescribed.

Infection control practices were in place.

Is the service effective?

Good

The service was effective.

Staff received the training, supervision and support they needed to deliver effective care to people.

People had a choice of meals and drinks. They were supported to maintain their health and well-being, including accessing healthcare services when required.

Plans were in place to address the refurbishment of the external and internal environment.

People were supported to make their own decisions and choices. The registered provider was acting in accordance with the Mental Capacity Act 2005 and associated guidance.

Is the service caring?

Good

The service was caring.

Staff knew people well and were kind, compassionate and respectful

People were treated with dignity and respect.

People were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and regularly reviewed to ensure they reflected people's current care and support needs.

There were effective systems in place to deal with concerns and complaints.

People's end of care preferences and wishes had been discussed and recorded.

Is the service well-led?

Good

The service was well led.

The registered manager and care manager promoted an open and positive culture in the service.

The views of people, relatives and staff were sought to drive continuous improvement.

Quality assurance processes were in place to regularly review the quality of the service. Senior management strived to improve the quality of care people received.

Totham Lodge Home for the Elderly

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 the 10 October 2018 and was unannounced. This was the service's first inspection under its new registration.

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. Our expert had personal experience of caring for someone who lived with dementia.

Prior to our inspection, we reviewed the information we held about the service. This included safeguarding information, information from members of the public and notifications. Notifications are the events happening in the service that the provider is required in law to tell us about. We used this information to plan what areas we were going to focus on.

During the inspection, we observed the interaction between staff and people who used the service especially those who could not tell us their experiences verbally. We spoke with six people and five visiting relatives and friends. We spoke with nine care, housekeeping and maintenance staff, the activities coordinator, registered manager (who was one of the providers), care manager and the other provider. A visiting GP gave us their views during the visit with a further two health care professionals providing information about the service by telephone and email.

We looked at a range of records relating to people's care and support. This included four people's care plans, four staff personnel files, training and supervision records, policies and procedures and information

on how the safety and quality of the service was being monitored and managed.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe living at Totham Lodge Home for the Elderly. One person said, "They care for me well and am I happy here." A family member said, "I feel that my [relative] is very safe here. It's so much better for me to know that they are now safe and being looked after. I could not be more content. We made a good choice of home, as we looked at another couple before we chose this one."

People were protected from the risk of harm and abuse. Staff had received training in safeguarding people from harm and demonstrated a clear understanding of safeguarding procedures and when to apply them. Staff were confident any concerns would be listened to and actioned appropriately. One staff told us, "I've had safeguarding training. If I had any concerns I would speak with [care and deputy managers]. I would go to CQC if I felt concerns weren't being listened to but I know they would act on any concerns I had." Another said, "If I saw something which shouldn't be happening I would speak with [care manager] or [deputy manager]. I would go to [registered manager] if I had to. There's a helpline called Ask Sal which I could call if I felt no action was being taken." The registered manager knew how to raise safeguarding alerts with the local authority safeguarding team and Police, and those that had been raised, had been dealt with appropriately.

There were systems in place to identify, mitigate and manage risks to people's health and wellbeing. Where risks had been identified, management plans were in place to minimise any safety issues. People at risk of malnutrition, falls, the use of equipment, pressure care and continence concerns had clearly documented assessments of what staff should do if they identified any issues for example, redness on a person's skin or their urine was dark in colour or had a smell. Also, in one person's file it said, "Please test for a urinary tract infection if I show signs of confusion that could indicate that an infection is present."

Staff had a good knowledge of people's identified risks, how they would manage them and had creative ways of supporting people. We saw one person come into the room with a decorated walking frame, they told us, "It's good, I know what one is mine and helps me walk better."

Staff told us that people's care plans and risk assessments contained sufficient information and guidance to help them keep people safe. One staff said, "If I or others have a problem we go to see the managers, for example if we notice something new, they would help us to deal with it and make the person more comfortable." Another said, "I don't always get time to read the care plans but we get an update on people at handovers and I am told what we will be responsible for during the shift so we know people's needs."

Safety and maintenance checks of the service were in place which included health and safety, the environment and the testing of people's equipment. Personal evacuation plans were in place which provided guidance to staff and emergency services if people needed to be evacuated from the premises in the event of an emergency. Records showed that staff were trained in fire awareness and how to respond to emergencies.

There were sufficient staff to meet people's needs. The rotas were organised in such a way that maximised

the time staff spent with people. For example, we saw that people were not rushed and staff had adequate time assisting them during the day. One family member told us, "The staff are always friendly and have got to know my [relative] very well. They always seem to have time for them, nothing is rushed." One staff member told us, "It can be busy if people's needs deteriorate and someone is going downhill, it can be quite hard, the emotional side as well as the work but you only have to say something like 'can you give me a hand?' and the team pulls together."

The registered manager told us that they had recognised that people thought they had to go to bed when the night staff came on duty at 8pm. To ensure people were not rushed in going to bed and had a greater choice, they had added an additional staff member to cover the period from 6pm to 10pm to help assist people who wished to go to bed later. Agency staff were used to cover shifts where these could not be covered by existing staff. The agency provided staff who had been to the service before and knew the service, the layout of the building and people who used the service.

There was a recruitment process in place. Staff files included their application forms, identification and satisfactory references. However, two out of four staff files did not contain a full employment history. The registered manager addressed this issue immediately and confirmed that they had checked all staff records to ensure there were no gaps in any employee's employment history. Records showed checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with people. The DBS check helps employers to make safe recruitment decisions.

Medicines were managed and administered safely. Records showed that medicines were received, stored, checked, dispensed and returned to the pharmacy in a timely way. The medicine administration records (MAR) we looked at were completed appropriately, had a photograph of the person to make sure they were correctly identified and any allergies were recorded. Where people had been prescribed medicines on an 'as required' basis for example for pain relief, there were protocols in place for staff to follow. One family member told us, "They do handle my [relative's] medicines well. Things were very haphazard at home, but I can see they get regular medicines which has also really helped them improve."

The registered manager and care manager undertook regular audits to ensure people were receiving their medicines safely and correctly. Temperatures checks were undertaken to ensure medicines were kept within the recommended environment. Staff were competent in administering medicines and their practice was observed. During our observation of medicines being administered to people, we saw that the staff member knew people's needs well, asked them for their consent to give them their medicines, and were sensitive, gentle and accommodating, if for example a person said they wanted them later. One healthcare professional told us, "I visit the service very regularly. I can assure you that [name of care manager] is on top of the care of people and the operation of the home, even when they are not on duty."

People were protected from the risk of the spread of infection. An infection control policy was in place which provided staff with information relating to infection control. Staff had completed infection control and food hygiene training and had access to personal protective equipment such as disposable gloves and aprons. During our visit, we noted the environment of the home was clean and safe.

Systems were in place to record and monitor incidents and accidents. These were monitored by the registered manager to see if any trends were identified and take prompt action to prevent reoccurrence. The registered manager told us about incidents where they had learnt lessons from and how they might do things differently in the future. They used this learning to share with the staff team to improve the quality and safety of the service.

Good

Is the service effective?

Our findings

People's care was provided in line with legislation and current good practice. One person told us, "I love country and western music – I have my CD player and listen when I can. I have the TV on, so I'm alright." We noticed they had a can of Stout (beer) on their table and they said, "The doctor told me I could have it but I only have one can a day. I've been laid up with my legs but they are healing now and I hope to get mobile again very soon. The staff here look after me very well."

People received their care from staff who had the knowledge and skills to support them effectively. Staff told us they had received an induction when they started work at the service which included shadowing experienced members of staff, an orientation of the building, fire safety, emergency procedures and getting to know people. One staff member said, "I've only been here for two months and it's good to have a nice team of people around you who support you."

Staff told us they had received appropriate training and guidance to enable them to perform their role and meet people's care and support needs. Staff were required to complete the registered provider's mandatory training including moving and handling people, safeguarding people from harm and health and safety. The registered manager had introduced the Care Certificate for staff to complete if they no experience of caring. The Care Certificate is a nationally recognised training programme for staff who are new to working in the care sector. One staff member said, "We have in house training and look at DVDs. I find it easier to talk in a group setting. The advantage of doing in house training here is that I can go to [care manager or deputy manager] for support and guidance, they explain everything." Staff had recently undertook specialist training in Dementia care by completing the Virtual Dementia Tour and GERT. GERT involves staff wearing an adapted suit which stimulates aspects of dementia and frailty, enabling them to have greater empathy of how people with these conditions feel and experience, both physically and emotionally.

Staff told us they felt supported in their roles and were positive about working at the service. Records showed staff had received supervision, appraisals and observations of their practice. One staff member said, "I receive regular supervision with [care manager]. If I have a problem I don't have to wait I can go to [care and deputy managers]. They are seriously approachable at all times and are always at the end of the phone, I can talk about personal issues too."

People were supported to have sufficient food and drinks and maintain a balanced diet. We observed staff offering drinks to people throughout the day with at least three choices of juice as well as hot drinks. A large pictorial menu was displayed in the dining area with the day's meal choices, but to help people decide on what they wanted, they were shown a plated up meal to support their choice.

We observed part of the lunchtime experience. We saw people were offered choice of sitting at a table in the dining room or in the lounge. Red plates and plate guards were being used to help people with dementia eat and drink more. Two choices were available and gravy was offered to those having roast chicken. We heard staff say, "Where would you like your gravy, all over? Enjoy" One person was very sleepy so a decision was made by staff to come back later to help them with their meal. Staff assisted people in a calm and sensitive

way. A family member told us, "[Relative] likes the food here, and there's always a choice for them, the food is all home cooked, and always looks nice." The cook was very knowledgeable about people who needed specialist diets, those who were diabetic or were at risk of choking and needed their food textured or pureed so they could enjoy their food and eat it safely.

People were supported to access healthcare professionals and services, such as GPs, the district nursing team, occupational therapists, continence team, mental health team and chiropodist. Care records showed staff worked in partnership with health and social care professionals to ensure people received effective care and support. We saw referrals made for professional input, visits made and care plans changed with the details of intervention and any ongoing treatment.

People's day to day healthcare needs were met. People had information about health care in a way they understood and were involved in making choices and decisions. If they were unable to make those choices, people had a representative who would be involved. We saw for example in one care plan, a person had decided not to attend an appointment for breast screening.

Feedback from healthcare professionals about the service was very positive. One healthcare professional said, "The service is very switched on. They know what's going on. I come weekly, sometimes more. They contact me appropriately, follow advice and are knowledgeable about people's needs." Another told us, "The staff are keen to undertake training with us, promote good health and know when to seek advice. They always try and implement the advice we give. People could not get better care."

The service was a Grade II listed building which had been extended to provide additional accommodation. The service had a mixture of shared and single rooms of different sizes and layouts and were mostly personalised. However, we noticed that some areas needed refurbishment and updating. For example, the seal round the sinks in at least two bedrooms had black mould and needed replacing and furniture was old and worn. Some window frames were cracking and flaking and the paintwork around the service needed attention. The windows were in need of cleaning. Our observations were that the premises and building looked tired, outdated and uncared for.

We talked with the registered manager and provider about our findings. They were very receptive and open to what we had to say. They told us that when a person vacated a room, it was repainted so it was fresh and clean. The conservatory, which housed the laundry and staff area, had recently been repaired due to flooding and it was planned to revamp the kitchen area and complete the new flooring. However, there was not an ongoing refurbishment plan in place. The provider told us that resources were available and they would investigate our findings, and, "View the premises, both internally and externally through fresh eyes." Shortly after the inspection, they sent us an action plan, detailing the work that would be completed immediately, then within a three month, six month and nine month timeframe.

The service had some signage to help people find their way around the service, for example, pictures on toilet doors and red toilet seats guided people to use the facilities more easily. Some people had memory boxes outside their rooms to help people with dementia find their room. People had access to safe grounds and gardens.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

The registered manager had a system in place to monitor the status of DoLS authorisations and applications that were in progress. We spoke with the registered manager about a person whose needs had changed and they were now cared for in bed with bed rails in place. The registered manager told us they had not updated the supervisory body of these changes but would do this immediately.

Staff we spoke with demonstrated an understanding of the principles of the MCA and understood the importance of gaining people's consent prior to care tasks being carried out which we observed throughout the day.

Good

Is the service caring?

Our findings

People, their families and friends and professionals spoke positively about the staff and the service provided. They told us the staff were kind, friendly, caring and considerate. One person said, "I get well looked after. We have a laugh and a joke and it makes my day." One family member told us, "[Relative] is so much happier here than at their home. They have put on weight, which is very good for them." Another family member said, "My [relative] has much more of a life here than before". A healthcare professional told us, "The staff are very compassionate towards people and I would recommend them to anyone looking for the service they offer."

During our inspection, we observed staff being caring and kind in their approach to people and being sensitive to each person's individual needs. People were assisted and supported quickly as staff were available and not rushed. Staff addressed people by their preferred names, spoke with them and each other in a polite and respectful manner. One family member told us, "My [relative] had a bit of a fall and the staff called the paramedics who took them to hospital. The staff member went with them, stayed with [relative] all the time, and accompanied them back. What more can I say. Excellent support." Another said, "The staff have time for my [relative] and they mainly see the same faces and the staff seem to work well together."

The atmosphere within the service was calm and pleasant, with staff singing in the kitchen and good communication between people and staff. Humour and friendly banter was used to promote encouragement and people responded well to this engagement. Staff listened to people and responded to them appropriately. People were relaxed in the company of staff and it was clear, from our observations, positive relationships had been made. We observed two people who had become friends at the service. They walked around with each other, had lunch and sat together. The comradeship between them was rewarding for them both. One staff member told us, "People look forward to seeing me and ask where I've been. I feel like I'm giving something back and I can make a difference to their lives." Another staff member said, "They're my family. I'll never stop working here."

People were encouraged to maintain relationships with their friends and families. We saw family members being welcomed and socialising with each other, people who used the service and the staff in an informal and comfortable way.

People's physical and psychological independence was promoted. Staff recognised the importance of encouraging and enabling people to do as much as they could for themselves. One staff member said, "If people are able to make a decision they always should do, we cannot take that away from them. If a person refuses help, I would ask someone else to help as sometimes a change of voice/person makes a difference."

People's privacy was respected. Staff knocked on people's doors before entering and doors were closed when giving personal care. Staff asked people's permission to assist them, for example to remove their apron after lunch, help them go to their room or to go to the toilet. One family member told us, "The home is always clean. It looks a bit tired in places but my [relative] doesn't notice that. What is nice is that there are a lot of staff here who all seem to get on well with each other . It's always a nice atmosphere. Maybe the

decoration needs improving in some areas, but to be honest I'd much prefer them to spend money on staff."

The service had information on advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. The registered manager told us no one was currently accessing advocacy services but they would support people to access advocacy when required.

Good

Is the service responsive?

Our findings

People and their relatives told us that staff were very responsive to their needs. One person said, "I like my own company. We keep the gate closed across my doorway as people tend to walk in which I don't like. The staff know my little ways very well they are all very nice people." A family member told us, "The staff here have got to know [relative] very well and spotted when they weren't quite the same one day. They called a doctor to visit and it was a water infection. The staff understand [relative] and their ways, which I think is brilliant support."

Prior to people moving into the home, a pre-assessment was undertaken to identify people's health, personal care and social support needs to ensure these could be met by the service.

Care plans were full, clear and person centred. They were up to date about people's physical, emotional, psychological and mental health needs. Information about their history informed staff about their life. People's choices and preferences and, how these were to be met, were written respectfully as were the daily notes. For example, in one care plan it said, "I can choose what I want to wear although I tend to wear the same clothes as I prefer them. I will allow the night staff to take them and bring them back by morning clean and dry." In another, it said, "I need two staff, one to do my personal care and the other to divert my anxiety by chatting with me so I don't get agitated." One family member said, "When [relative] went into hospital recently, the hospital said the notes about [relative] were the best they had seen."

We saw information relating to people's protected characteristics such as their gender, age, marital status, ethnicity and religion. However, people's sexual orientation was not asked. The registered manager told us that they would ensure that this was part of the assessment process in the future and amend their care plan template to include this.

People's care plans were regularly reviewed and, should a person's needs change, these were discussed at staff shift handover meetings, recorded in the communication book and the care plan updated. However, we identified that charts recording when and how people were repositioned and where cream had been applied were not always being completed fully with dates and times. The registered manager and care manager acknowledged they were already aware of this and were working with staff to address this lack of recording.

From April 2016, all organisations which provide NHS or adult social care are legally required to follow the Accessible Information Standard (AIS). AIS aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read and understand so they can communicate effectively. People's care plans recorded any sensory and communication needs. The registered manager told us they provided a range of different formats, for example information in large print which we saw, they used black print on yellow background as it was easier to read and picture cards to help people who were unable to read or recognise print.

The service had what they called a 'sensory room'. However, it was not adequately equipped or used as its

purpose. The computer and sensory equipment was not accessible or the environment inviting. The staff said it was not really used and one staff member said, "I have not known anyone to go in there, not sure what it's for." The registered manager agreed that it was not used very much and would review it use.

Two activities co-coordinators were employed at the service. People had access to a range of one to one and group activities which they could be involved in. The activities coordinator described to us the things people enjoyed. They said, "Time is spent individually with people either in their rooms or in the lounge. We look at books together or I do their nails, whatever they prefer, it's all individual."

The service had materials which were particularly liked by people with dementia such as a sensory blanket and 'fiddle' mittens. These had a range of textures on them and enabled people with dementia to be stimulated and engaged. The activities coordinator told us, "One person who did like them is unable to use them now as they are a lot sleepier." They said they would look at how they could be used with other people. The activities coordinator had not completed any specific training to support them in their role for example in the provision of specific activities for people living with dementia. This was discussed with the registered manager during our feedback for their consideration and action.

The activities coordinators work rota had been changed in response to the needs of people who used the service. For example, it had been recognised that some people were bored after tea time and so the activities coordinators worked from 1pm until 7.30pm to engage with people to provide additional stimulation or one to one time.

The service ensured people were involved in the community and invited the community into the service. For example, visits to garden centres, shopping trips, visits from the hairdresser, visits from local church members, dancers, entertainers and exotic and farm animals were regular events. One person said, "I enjoy taking part in church services, especially the singing of hymns." Another person had so enjoyed the performance of a dancer that they had asked for them to come back and perform at their birthday party which they did. A tea dance was organised every two months with other services in the area and held in a community centre. This was a popular event.

One family member said, "My [relative] has been here since March and it's really lifted their spirits. There was a clothes sale on Monday and they bought some new trousers and a top which was great! It sounded like a great afternoon." Another said, "[Relative] loves entertainment and there was a song and dance recently and they joined in and really enjoyed it. It would be good if there could be more trips out for people though."

The resident cat was also adored and was a familiar sight around the service.

Volunteers were welcomed into the service. For example, two students had just started their Bronze Duke of Edinburgh Award in October 2018 and would be visiting weekly on a three-month placement to spend time with people at the service.

People's and relatives' involvement and feedback on the service was encouraged. A calendar of events and a diary was kept which recorded people's involvement and views. Regular meetings for people who used the service and relatives were held to discuss life at the service. For example, one person had said that they would like to get up earlier in the morning and another that their chair was uncomfortable. The registered manager told us that their views were responded to quickly. The person now gets up earlier as requested and a new cushion made another person's chair more comfortable. A recent relative's meeting recorded information about the new staff rotas, arrangements for the garden party and more memorabilia needed from relatives for people's memory boxes.

There were systems and processes in place to manage complaints. Information on the service's complaints process was clearly displayed and contained in the 'service user guide'. Records showed there had been no complaints since the service's registration.

People's preferences and wishes relating to their end of life care were recorded in their care plans. People who did not wish to be resuscitated in the event of a cardiac arrest had, 'Do not attempt cardio pulmonary resuscitation (DNACPR) orders in place. The care manager told us how important it was to have these conversations so that the service was sensitive to and aware of their wishes and rights. For example, in one person's care plan it read, "I wish to remain at Totham Lodge. My family to be present when I am at the end of my life. No decisions about cremation or burial. I would like staff to check regularly as to whether I have thought more about this." Staff had received training to support people and their families at the end of their life.

Good

Is the service well-led?

Our findings

People, their relative and staff told us they thought the service was well led. One person said, "All the staff work hard to make it run well. We have our say too." One family member said, "The care manager is great doing stuff in their office, then coming out onto the floor and helping the staff. They are really involved which I like." One staff member said, "The service is well managed, it's all down to team work."

The service required, and did have, a registered manager. They were supported by a care manager and deputy care manager with the day to day management of the service. The management team promoted a positive, person centred culture and demonstrated a commitment and passion to ensuring people living at Totham Lodge Home for the Elderly received good quality care.

They were visible within the service and knew people well. People and their families told us they saw the care manager and the registered manager on a regular basis. They were able to name them, or describe them. One family member said, "I always have a chat with [care manager] about my [relative]. They let me know what has been happening and I go away assured and confident [relative] is in safe hands."

Senior management promoted a culture of openness and transparency within the service to aid learning and continuously improve the quality of the service. The registered manager discussed the lessons they had all learnt from events and people's experiences and the service had improved as a result. They gave us an example of the process of reporting safeguarding concerns and the knowledge they had gained from this to make improvements to the quality of the service.

Staff were very complimentary about the management, saying, [Care manager] is marvellous, great to work with," and, "We have staff meetings every three months and you can raise anything you like. You may upset some people sometimes but the manager likes us to speak up," and, "I tell the [registered manager and provider] if I need anything. There are no issues with budget if I say I need something, I can get it."

Staff felt appreciated and enjoyed working at the service. Their views were welcomed and they were involved in developing the service. The last survey of staff for 2017/2018 was very positive. When asked what made them proud to work at the service, comments included, "The help I get to prove myself and to grow within the organisation," and, "I feel like a valued part of the team," and, "Thank you for listening, supporting and working with you both [managers]."

Records showed surveys were undertaken to gain people's and relatives' views. We saw responses to recent questionnaires had been very positive. Comments such as, "I like the way the service is run," and, "Made to feel very homely with warm friendly atmosphere." Suggestions put forward such as, "A bit more fruit would be nice," and, "I do see [relatives] clothes on other people sometimes." The registered manager confirmed that the suggestions made had been actioned to improve the quality of the service.

The Quality Improvement Team from Essex County Council had completed an audit in July 2018 and the service had already implemented the recommendations they had made, including induction training and

mental capacity assessments. We received complimentary feedback from health and social care professionals. They spoke positively about their relationship with the registered manager, care manager and deputy manager. One health care professional said, "The managers are very responsive to the advice I give and always feeds back to me. They have people's wellbeing at the heart of what they do." Another said, "I regularly visit Totham Lodge and in my opinion, it is one of the best run services there is."

There was a strong focus on continuous learning and implementing best practice and staff were encouraged, and supported, to develop their learning. The registered manager was part of the 'My Home Life' project which is a UK-wide initiative that promotes quality of life and delivers positive change in care homes for older people. They also networked with other care home providers and subscribed to health and social care publications. The service was signed up to the local authority's PROSPER project. This is an initiative to improve the culture around people's safety and provides training, support and guidance to care services to reduce falls, pressure ulcers, chest and urinary tract infections.

The registered manager undertook research and referred to the Care Quality Commission and Skills for Care to ensure they followed good practice guidance. They shared information and learning with the staff team. For example, the new General Data Protection Regulations regarding people's personal information had come into force in April 2018 and this was discussed at a staff meeting to ensure they were up to date with this current guidance.

There was an effective quality assurance system in place to assess and monitor the quality of the service. Audits were completed on various aspects of the service such as health and safety, infection control, medicines management and care plans. Observations of staff practice were also undertaken. After our inspection, audits of staff files were added to the process of monitoring the quality of the service to ensure they were kept up to date. Personal records were kept confidential and stored in a locked office when not in use.

Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.