Milton Lodge Limited

Milton Lodge Retirement Home

Inspection report

288 – 290 Ipswich Road
Colchester
Essex
CO4 0ES

Tel: 01206841215

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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

We inspected this service on 30 September 2016 and the inspection was unannounced, we carried out a second visit on 7 October 2016 and this inspection day was announced. The last time this service was inspected was on 2 July 2014, at that time they were compliant in all the outcomes we looked at.

Milton Lodge Retirement Home provides accommodation and personal care for up to 35 older people, some living with dementia. At the time of our inspection there were 32 people living at the service.

There was a registered manager in post. A registered manager is a person who has registered with CQC 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 2008 and associated Regulations about how the service is run.

During this inspection we found that there were enough staff to support people safely and they were clear about their roles. Recruitment practices were robust in contributing to protecting people from staff who were unsuitable to work within the care profession.

Staff knew what to do if they suspected someone may be being abused or harmed and medicines were managed and stored properly and safely so that people received them as the prescriber intended.

Staff had received the training they needed to understand how to meet people's needs. They understood the importance of gaining consent from people before delivering their care or treatment. Where people were not able to give informed consent, staff and the manager ensured their rights were protected.

People had enough to eat and drink to meet their needs and staff assisted or prompted people with meals and fluids if they needed support. Mealtimes were relaxed and unrushed occasions.

Staff treated people with warmth and compassion. They were respectful of people's privacy and dignity and offered comfort and reassurance when people were distressed or unsettled. Staff also made sure that people who became unwell were referred promptly to healthcare professionals for treatment and advice about their health and welfare.

Staff showed commitment to understanding and responding to each person's preferences and needs so that they could engage meaningfully with people on an individual basis. The service offered people a chance to take part in activities and pastimes that were tailored to their preferences and wishes. People had close contact with the local community. Outings and outside entertainment was offered to people, and staff offered people activities and supported them on a daily basis.

Staff understood the importance of responding to and resolving concerns quickly if they were able to do so. Staff also ensured that more serious complaints were passed on to the management team for investigation.

People and their representatives told us that they were confident that complaints they made would be addressed by the manager.

The service had good leadership; we found an open and positive culture that supported people in a person centred way. The staff told us that the manager was supportive and easy to talk to. The manager was responsible for monitoring the quality and safety of the service and they were supported by the operations manager and the providers visited the service regularly to check the quality of the service. People were asked for their views so that improvements identified were made where possible.

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. Staff had received training in how to recognise abuse and report any concerns. The provider helped to maintain safety by making sure that there were enough qualified, skilled and experienced staff on duty to meet people's needs.

Risks were minimised to keep people safe without reducing their ability to make choices and self-determination. Each person had an individual care plan which identified and assessed risks to their health, welfare and safety.

The service managed and stored medicines properly.

Is the service effective?

Good

The service was effective. Staff received the training they required to provide them with the information they needed to carry out their roles and responsibilities.

Staff understood how to provide appropriate support to meet people's health, social and nutritional needs.

The Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) was understood by the manager and staff. Where people lacked capacity and their freedom of movement restricted, the correct processes were in place so that decisions could be made in the person's best interests.

Is the service caring?

Good

The service was caring. Staff treated people well and were kind and caring in the way that they provided care and support.

People were treated with respect and their privacy and dignity was maintained. Staff were attentive to people's needs.

People were supported to maintain relationships that were important to them and relatives were involved in and consulted about their family member's care and support.

Is the service responsive?

Good

The service was responsive. People's choices and preferences were respected and taken into account when staff provided care and support.

Staff understood people's interests and assisted them to take part in activities that they preferred to do. People were supported to maintain social relationships with people who were important to them.

There were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

Is the service well-led?

Good

The service was well-led. People and their relatives were consulted on the quality of the service they received.

Staff told us the management were supportive and they worked well as a team. There was an open culture.

The manager had systems in place to monitor the quality of the service and took appropriate action to improve the standards when necessary, as did the provider.

Milton Lodge Retirement Home

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 30 September and was unannounced, we also visited the service on 4 October 2016, the second day of the inspection was announced. The inspection was carried out by one inspector 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 the experience of supporting an elderly relative to move into residential care and during their residence there.

Before the inspection, the manager 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.

Before we carried out our inspection we reviewed the information we held on the service. This would include statutory notifications that had been sent to us in the last year. This is information about important events which the provider is required to send us by law. We would use this information to plan what areas we were going to focus on during our inspection.

We 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.

During our inspection we observed how the staff interacted with people who used the service and spoke with 15 people who used the service, six people's relatives, the manager, the deputy manager and eight care staff. We also spoke with one visiting health care professional.

We also looked at six people's care records and examined information relating to the management of the service such as health and safety records, staff recruitment files and training records, quality monitoring audits and information about complaints.

Good

Is the service safe?

Our findings

People living at Milton Lodge Residential Home all told us they felt safe living there. When we asked what made them feel safe one person told us, "I am much safer here than at home, there is someone there night and day and when I am not well they come to my room to check on me." and "I feel safe, I wear a pendent and we've got a key to lock our bedroom door." Some people were not able to talk to us because of their complex needs in relation to their living with dementia, but we spent time with some of those people, chatting with them generally. On the whole they were relaxed and did not give the impression of being worried about their safety.

Staff told us and records confirmed, they had received training in protecting adults from abuse and how to raise concerns. They were able to demonstrate the action they would take and tell us who they would report concerns to in order to protect people. Staff understood the different types of abuse and knew how to recognise signs of harm and understood their responsibilities to report issues if they suspected harm or poor practice. They were confident that the manager would take action if they reported any concerns. There was a whistleblowing policy in place. All of the staff that we spoke to told us that they would not hesitate to raise a concern if they were concerned about how care was being provided.

The manager demonstrated an understanding of keeping people safe. Where concerns had been raised, we saw that they had taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved.

Risk assessments were in place that were designed to minimise the risk to people in their day to day lives so that they could keep their independence and self-determination as much as possible. For example, the risk of falling. There was guidance for staff on what support people required to reduce the risk.

Records showed us that people who had developed pressure areas and those that had been assessed as being at risk of developing them were receiving the care they needed to prevent deterioration and to aid recovery. Specialist equipment was being used, such as pressure reliving mattresses and seat cushions.

There were also policies and procedures in place to manage risks to the service of untoward events or emergencies. For example, fire drills were carried out so that staff understood how to respond in the event of a fire.

There were sufficient staff on duty to keep people safe and protect them from harm. When asked if people felt there were enough staff to help them, one person told us, "I am safe, any problems you only have to ask, always staff about, I try to be independent and you only have to ask for help if I am not well." Another person said, "They're [staff] here, If I want a cup of tea I can have one, if I need the loo, they get me there." A third person said, "First class here, staff very attentive, always around to help, that has contributed to my recovery, nice surroundings."

The manager told us that they used a nationally recognised dependency tool to calculate people's needs

and ensure adequate care hours were provided to meet those needs. This was reviewed weekly and extra staff were used if people's needs changed. For example, if someone moved into the service that had complex needs and needed extra support.

A relative said, "I never have trouble finding a carer if I need to." Another relative told us "My [relative] loves all the staff and has not told me they had to wait for help."

Staff also told us they thought there were enough staff to meet people's needs throughout the day. One said, "We get time to talk with the residents and don't have to rush getting people up." Another staff member told us that they were asked to cover their colleagues leave and sickness, "That works most of the time, but staffing could be improved to cover sickness and holidays, that would make it less stressful for existing staff." But that had also been picked up by the new deputy manager, "With my fresh eyes I see that we need staffing for holiday cover, we need a bank system to save staff from tiredness." We were assured that she would look into it to see what could be done.

Recruitment procedures were in place to ensure that only suitable staff were employed which were followed. Records showed that staff had completed an application form and attended an interview. The provider had obtained written references from previous employers and had done Disclosure and Barring Service (DBS) checks to check that the staff were of a good character and suitable to work with vulnerable people.

Medicines, including controlled drugs, were managed safely by the service and records were found to be complete. We observed staff administering medicines to people and saw that they did it in a patient and caring manner. We observed a staff member advising a person, who was attempting to chew their tablets, how best to swallow them with their drink.

The manager told us that, although only the senior care staff administered medicines, all the care staff received basic medicines training so that they were aware of good practice and understood the importance of allowing and supporting the senior to do the medicine round without interruption.

This was evidenced from records which showed that staff had received the appropriate training to help them to administer medicines properly and were assessed to check they were capable of doing the task safely every six months. The manager audited the medicines weekly.

Good

Is the service effective?

Our findings

People told us that staff made sure that they got what they needed and that they were supported well. One person said, "I don't go without, the girls [the staff] know what they're doing." Another person said, "[The staff] are well trained, I'm comfortable and well looked after."

Records showed that staff received training and support to enable them to do their jobs effectively. Staff told us they were provided with training, supervision and support which gave them the skills, knowledge and confidence to carry out their duties and responsibilities.

We asked people using the service and their relatives if they felt that their needs were being met by staff who were trained and knew how to do their job. One person told us, "They [the staff] know what to look out for and know what to do if I need help." One relative told us "[My relative is] not too well at the moment, but the carers seem to know their stuff and [my relative] is getting better." Another relative told us, "If one carer isn't sure what they need to do I've seen them ask for help." This indicated that the staff knew their limitations and sought help and advice if they needed to.

We found staff to be knowledgeable and skilled in their role. One staff member gave us examples of the training they received. For example, first aid, moving and handling, food handling, health and safety and infection control. They told us that they received frequent training, "It seems like we're always training."

In their Provider Information Return (PIR) sent to us before our inspection, the manager told us, 'We provide comprehensive and relevant induction, with training throughout the year relating to all aspects of the home and service users. We have regular supervisions with staff, ensuring reflective practice and highlighting if any further support/training is required. We encourage and provide an open door policy.'

The manager told us that the care staff were supported to gain industry recognised qualifications in care, an National Vocational Qualification (NVQ) in care or more recently a Qualifications and Credit Framework (QCF) award. This meant people were cared for by skilled staff, trained to meet their care needs.

"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 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. The manager understood both the

MCA and DoLS and when these should be applied to the people who lived in the service, including how to consider their capacity to make decisions. They told us that they had made applications for authorisation to deprive some people living in the service of their liberty in order to keep them safe, which assured us that they had taken action to comply with the March 2014 Cheshire West Supreme Court judgement that had widened and clarified the definition of deprivation of liberty.

People's individual records included an assessment of capacity to consent to care and treatment forms. Where people lacked capacity to make a decision, the care plans showed that relevant people, such as their relatives or GP had been involved in making decisions about their care. Any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen so that people could still make some decisions for themselves and keep control of their lives. A staff member told us, "I make sure I help the residents make choices and decide for themselves what they want to do."

Throughout our inspection we saw staff supporting people to make choices and asking people if they wanted support; gaining their consent to care before they took action. One staff member bent down and spoke to a person who had dropped their glasses and was struggling to reach them, "I'll get those for you, and I had better clean them a bit so you can see the TV better." They then carefully cleaned the glasses on a clean tissue and carefully helped the person put them back on, chatting to the person as they did it and checked that they were comfortable before they moved away.

We observed lunch in the dining room. 26 people sat together in the large dining room, that was a high proportion of the 32 people living at the service. Attractively laid dining tables were set with cutlery, salt & pepper and everyone had their choice of drink. People appeared relaxed and content; staff assisting people did not rush people and allowed them to eat at their own rate. We observed a staff member chatting with one person as they assisted them to eat their fruit salad, asking the person to guess what the next piece of fruit would be to encourage them to eat more.

Menus on tables offered a choice of two meals. The food was served to everyone individually on warm plates, looked appetising and people told us that they enjoyed their meals. One person told us, "Food is excellent; the chef is as good as a carer making sure that we have our drinks, your get choice of menu and plenty to eat." Another told us, "For breakfast you can have porridge or cereals and on Saturdays there are eggs fried or scrambled and bacon and tomatoes. Generally the food is good, the chef is good." And a third person said, "At 7pm the trolley comes with tea and biscuits, milky drinks, milkshakes and mini cheddars. They will bring you toast in the night if you ask for it." A visitor told us "[My relative] tells me they enjoy their food, [my relative has] gained weight and is looking better."

Plate guards and specialist utensils were available for those who found it easier to eat with these aids. This helped to promote independence, meaning that people could manage to help themselves to eat without the need of staff support.

The home had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight. People's weights were monitored so that staff could take action if needed. For example, they would increase the calorific content in food and drinks for those people losing weight or refer them to the dietician for specialist advice.

Care and kitchen staff were knowledgeable about supporting people to eat healthily and meeting their individually assessed dietary needs. Fresh snacks and finger foods were freely available for people between meals. One person told us, "I've got two bad teeth and the kitchen sorts out what food is best for me, I have

enough to eat." Another person told us that the service was flexible with their meals, admitting they were a finicky eater, "I like anything with chips, I like the roast dinners they are very good. The food is good. I am kind of a fussy eater and really they [the staff] are good enough to do anything for me if I ask."

People's care records showed that their day-to-day health needs were being met and that they had access to healthcare professionals according to their specific needs. Records showed that people were supported to attend hospital and other healthcare professionals away from the service. For example, specialist diabetic clinics and diagnostic tests. One person said, "Doctor comes, hairdresser come and if you want a chiropodist, dentist or optician they [the staff] would organise it for you." Another told us, "I had to have an x-ray this morning, someone [a staff member] took me and stayed with me all the time, which is a comfort." In addition, another said, "The doctor is coming on Friday, I asked for him to come and see my heels." A visitor told us that they were relived to realise that the service took responsibility and lightened their load.

Healthcare professionals visiting the service during our inspection told us that the staff were helpful, "I get the help I need from staff to get the job done quickly and properly." Another said, "It's been a good service, quite caring. They ask for help promptly and carry out my wishes, I have had no problems."

Good

Is the service caring?

Our findings

People and their relatives commented positively about the staff. They told us they were kind, caring and well trained. A visitor told us, "They're very attentive carers and if [my relative] isn't well they soon notice, all of them are nice. They come and talk to us and ask our views." One person living in the service said, "The girls [staff] couldn't be better, we're looked after very well. I think that I've had the right choice to come here." When asked about forming relationships and feeling involved the same person told us, "I help out in the kitchen, I cut up the fruits, and help make up the meals. It keeps me active; I enjoy it and get on well with everybody. I love cooking."

Interactions between staff and people who used the service were caring and appropriate to the situation. Staff demonstrated an understanding of how to meet people's needs. They spoke about people respectfully and behaved with empathy towards people living with dementia. Staff spoke with people during the day as they went about their work and did not miss opportunities for interaction.

A couple decided to move into the service because they already knew it, told us, "We're alright here, we're happy. We used to visit here with the church and we chose to come here." A relative said, "The staff are friendly here, cheery and helpful, they give you a cup of coffee… it's very good here from what I've seen."

Throughout the day we observed staff treating people in a respectful manner. People's needs and preferences were understood and the atmosphere was calm, staff engagement was positive and people and staff were comfortable in each other's company. One person told us, "This is the best home I have been in; I can't find anything wrong with it."

. Staff spoke with people in a thoughtful manner and asked if they were all right or if they wanted anything. People were offered alternative drinks or snacks if they were unable to voice a preference. Staff were familiar with how people liked to be supported and their experiences in life which were important to them. This helped staff communicate effectively with them.

There was a light hearted atmosphere in the service. One person's relative told us, "[My relative] likes a laugh and the staff makes [them] smile."

The manager told us that people were encouraged to be involved in planning their care where they were able. One person told us, "They asked my about what I like and don't like, then I was shown it all typed out for the staff to read. I was asked to sign it if I was happy with it, I did." Relatives told us they were included in discussions about their family member's care. One relative said, "We have told them [the staff] all about [our relative's] life before they came here." Another relative told us, "[My relative] has a care plan; the staff and the manager keep me updated with anything I need to know."

People were treated with dignity and respect and staff were discreet when asking people if they needed support with personal care. One person told us, "I said I didn't want a man getting me up and they have stuck to their promise not to send one." A relative told us "I keep my eyes open, they [the staff] all treat [my

relative] with respect." Any personal care was provided promptly and in private to maintain the person's dignity. We observed staff knocking on people's doors and waiting to be invited in before entering. Doors were closed during personal care tasks to protect people's dignity and we observed staff discreetly and sensitively asking people if they wished to use the toilet.

Good

Is the service responsive?

Our findings

Relatives told us they were happy with the standard of care their family members received and it met their individual needs. One relative told us that, "My [relative] was struggling to manage at home, [they are] well cared for and we're all more relaxed now." People told us that they thought the service responded to their needs, One person said, "The girls [staff] are good, they seem to know what I need before I do!"

People and relatives also told us that they had been provided with the information they needed during the assessment of need process before people moved in. Care plans were developed from these assessments and recorded information about the person's likes, dislikes and their care needs.

Care plans were detailed enough for the care staff to understand fully how to deliver care to people in a way that met their needs. The outcomes for people included supporting and encouraging independence in areas that they were able to be independent as in choosing their own clothes and maintaining personal care when they could. One person said, "I still do what I can, they [the staff] stand back and let me, they even find ways to make it easier to do things for myself."

The manager had developed a summary of people's care plans that introduces the person and clearly sets out their likes, dislikes and preferences along with their care needs. This was kept at the beginning of the care plan and gave staff a quick overview of the person as a whole. Otherwise, the main care plan document, although it contained all the information needed, was longwinded and made information difficult to find. New staff, agency workers and staff returning from a long absence would find the summary useful in quickly enabling them to support the person properly and return later to read the care plan in detail.

The records showed that the care plans were reviewed regularly; the manager told us that they also audited the care plans regularly and ensured they were updated whenever a need arose, when there were changes in people's health or supports needs for example.

We arrived at the service at 8.10am. On our arrival, 17 out of the 32 people living there were already up and dressed, that was over half of them. This caused us to enquire because it could have suggested that people were being supported to rise early without being given a choice, possibly by the night staff so that less care staff would be needed on duty during the morning. We reviewed the staffing levels and to check care files to see if people had been asked their preferred time to get up and go to bed. The care plans clearly recorded what time people liked to get out of bed; many of them saying they liked to get up early. We also asked those people up if they had been asked if they were ready or if they would have liked a lay in. We were definitely told that they had made the choice to get up. One person said, "I'm going for an eye appointment this morning, but I usually dress myself by 7am, I usually start about 6.30am and it takes me up to an hour to sort myself out." Another person told us, "I'm an early riser, I get up and sit in my chair with a cup of tea, I'm happy there until about nine then they help me to get washed and dressed." In addition, another said, "I'm up at 6am when they [the staff] bring my tablets and a cup of tea, I could stay in bed but don't want to, I'm very agile and get myself up and dressed and make my own bed. I do it because I want to." Other people stayed in bed until they had been given breakfast and were then supported to get up. "I stay up to watch the

telly and get up late; they [the staff] don't mind and give me help to dress if I need it. I have a bath every couple of days, I like a chill out in the bath and they give me time to."

Taking the lead from another Essex service with their 'No frame the same' scheme, people's walking frames had been decorated to individualise them. This helped people recognise their own frame and remind those with short-term memory loss to use them. It had been shown in services that do this; there had been a reduction in the number of falls people had because they had forgotten they needed to use a frame to safely walk.

An activities coordinator was in post, they proactively devised an interesting program of activities and entertainment, which people were encouraged to join in. One person told us, "We did glass painting and help prepare pudding; we cut up the fruit for the fruit salad. They've cut down on the entertainers due to costs but the ones we have are nice, the bingo is good and we have holy communion once a month." A relative told us "My [Relative] would be happy to sit in their room all day but staff come and encourage them to join in." The activity coordinator told us that they worked with people individually who prefer to spend time in their bedrooms, they also said, "We like to get people to come down and join in what's going on in communal areas as much as possible, most like to come down and they have formed friendship."

The service recognised people's individual aspirations and interests. Where people had consented to give it, their care plans contained detailed life histories, which helped staff build up good relationships with them, enabling staff to prompt people into chatting about their life and relationships. One person told staff that they loved roses and had worked in a local gardening centre and had helped to develop different strains of roses. The service contacted their place of work and arranged for them to visit. They told us about the visit and said it had been the best thing they had done in a long time. The Gardening centre later sent them a beautiful red rose bush that was planted in the front garden in full view of where the person liked to sit. Another person had worked in a theatre and they were supported to visit and watch a show.

The relatives we talked with were enthusiastic about the entertainment and activities offered to people. One person's relative told us "The lady that does the activities is excellent; I've seen her play a music game from their era, she does quizzes, bingo, scrabble and puts on old movies and makes a big thing of it. One entertainer who comes sings and interacts with people with hats and feathers." Another relative told us, "There are parties to mark special events, garden parties and church services."

We saw people take part in everyday activities of their choice. We saw people reading papers, magazines and playing cards and dominos, crosswords; and board games were available if people wanted to have a go.

The manager had built up a good relationship with the Essex based Community Friends and Neighbours (FaNs), an organisation dedicated to helping care home manager and owners to work with them in order to tap into the full range of resources the community at large can offer them. They work together to match individuals with similar interests or groups of people in the local community to practice projects for community integration. One local scouts group went into the service to work with people to earn their badges. The scout group involved held their award ceremony in there and people using the service gave out the awards. A youth service group often helped in the garden, planting trees and bushes. The Provider had sponsored a local junior football team; there were photographs of the team and letters of thanks. The team often visited the service.

People were supported to keep in touch with others that were important to them such as family and friends, so that they could maintain relationships and avoid social isolation. When asked about visiting times a relative told us, "I come when I want to, I enjoy sitting with [my relative] and we will have tea together." Input

from families was encouraged and relatives told us they were always made welcome when they visited. One told us, "I look forward to seeing [my relative], they look well and staff get the tea going for me."

The provider had a procedure in place to manage any concerns or complaints that were raised by people or their relatives. The organisations complaints procedure was displayed openly in the entrance hall and we saw that complaints were recorded in line with these procedures. The manager said that they encouraged people to raise concerns at an early stage so that they could learn from them and improve the service.

People told us that they had no concerns about making a complaint and that if they needed to make one they knew what to do and who to talk to. One person said, "I have never made a complaint, there's never any need to." A relative told us, "The staff are always helpful in getting things done." Another relative told us, "My [relative] tells me if they have a problem and I speak with the manager. We are always happy with what's done."

Good

Is the service well-led?

Our findings

The service was well led. Relatives told us that the manager was approachable and made themselves available if they wanted to speak to them. Staff told us they felt supported by the manager and could approach them at any time. One relative told us, "I would certainly recommend this place, it is nice. The people [staff] are nice, there is never any trouble and everything runs smoothly." A professional healthcare visitor told us that the home was well managed and communicated effectively with their service.

All the staff we spoke with told us they felt supported by the manager and were positive about the culture of the service and told us that they felt they could approach the manager if they had any problems. The manager was knowledgeable about the people living in the service; they spent time talking with people daily and monitored staff and the delivery of care closely.

The manager was proactive in trying to ensure that people had the opportunity to be involved in their local community, by working closely with the Essex based Community Friends and Neighbours (FaNs) organisation for example. Because the service showed enthusiasm in welcoming the organisations' impute they are using the service in a pilot scheme to further develop FaNs. The manager has also promoted other good practice ideas, such as the 'No frame the same' scheme.

People were given the opportunity to tell the provider what they thought about the service they received so that they could push improvements in the way they were cared for. People and their families were asked their views about the way the home was run through completing annual surveys. They were also given the opportunity to attend meetings, where they received information from the provider and could give their comments about the running of the service. A relative told us, "I like coming to the meetings, I get a chance to have my say and things get done." Meeting notes we saw recorded that people wanted the tables in the garden to be washed down so they could be used for dinner in good weather, this was done and scones were offered more often for tea as requested.

There were systems in place to monitor the quality and safety of the service. The manager carried out regular audits which were submitted to the provider. This included audits of staff training, health and safety procedures and a general building audit. These audits were analysed by the provider and were used to identify, monitor and address any trends. In their Provider Information Return, sent to us before our inspection, we were told, 'The management team work care shifts alongside the care workers to promote equality and lead by example.'

The operations manager worked closely with the manager to push improvement and the providers visited often so they could assure themselves that the service was run to a good standard.