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Kensington Lodge

Inspection report

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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

The inspection took place on 17 and 23 November 2016 and was unannounced.

Kensington Lodge is a residential care home registered to provide accommodation and care for up to 18 older people with a variety of health needs, including people living with dementia and/or mental health needs. At the time of our inspection, 17 people were living at the home. Kensington Lodge is situated in a residential area of Rustington, with access to the seafront, local amenities and town centre. Except for one shared room, all bedrooms are of single occupancy with the majority have en-suite facilities. Communal areas comprise a large sitting room, quiet lounge and dining area, with easy access to outside space and patio area.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said they were safe living at the home and staff had been trained to recognise the signs of potential harm and abuse; they knew what action to take. Risks to people were identified, assessed and managed appropriately and were updated on a monthly basis or as needed. Staffing levels were sufficient to meet people's needs and keep them safe. New staff were vetted before they commenced employment to ensure they were safe to work in a health care role. Medicines were managed appropriately and medication audits and staff competency to administer medicines were carried out.

Staff were trained in a range of areas to provide effective care to people. New staff completed the Care Certificate, a universally recognised qualification. Staff had regular supervision meetings and annual appraisals; they attended staff meetings. Staff had received training in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards and understood the requirements and their responsibilities to people under this legislation. People were supported to have sufficient to eat and drink and had a choice of food from a menu planned over a four weekly cycle. People had access to a range of healthcare professionals and services. The home had been adapted to meet the needs of people living with dementia.

People were looked after by kind and caring staff who knew them well. Relatives spoke highly of the staff and the management team. People were encouraged to be involved in all aspects of their care. When people became upset, anxious or distressed, staff supported them in a comforting and sensitive manner. People were treated with dignity and respect.

People's care needs and the support they required from staff were documented in their care plans which were reviewed monthly. Activities were structured and included music and themed activities delivered by external entertainers, as well as activities organised by staff. Advice had been sought from the local authority on meaningful and stimulating activities for people living with dementia. Complaints were

investigated, responded to and managed appropriately.

People and their relatives were involved in developing the service and their feedback was obtained through formal questionnaires. Staff were also asked for their views and felt supported by the management team. Quality was integral to the service's approach and a number of compliments had been received from relatives and friends. A range of audits was in place to monitor and measure the quality of the service overall.

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 told us they felt safe living at the home. Staff had been trained to recognise the signs of potential abuse and knew what action to take if they suspected abuse was taking place.

Risks to people were identified, assessed and managed safely.

Staffing levels were sufficient to meet people's needs.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had completed training in a range of areas and received supervision and annual appraisals.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice.

People were supported to have sufficient to eat and drink and to maintain a balanced diet.

People had access to a range of healthcare professionals and support.

The environment was homely and had been adapted, as far as possible, to meet the needs of people living with dementia.

Is the service caring?

Good

The service was caring.

People were looked after by kind and caring staff who knew them well.

People were encouraged to express their views and to be involved in all aspects of their care. Relatives were involved in

care planning.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care plans provided detailed, comprehensive information about people's care needs and guidance for staff on how they should be supported.

A range of activities was in place, including external entertainers who provided themed activities.

Complaints were managed appropriately and to the satisfaction of the complainant.

Is the service well-led?

Good

The service was well led.

Relatives and visitors spoke highly of the care provided at Kensington Lodge. Their feedback was obtained through questionnaires and staff were also asked for their views about the home.

Staff felt supported by the management team and that they were approachable and accessible.

A range of audits monitored and measured the quality of the service delivery and home overall.

Kensington Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 17 and 23 November 2016 and was unannounced.

One inspector and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience at this inspection had expertise in older people and dementia care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We spent time looking at records including five care records, three staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints and other records relating to the management of the service.

On the day of our inspection, we met with eight people living at the service and spoke with six relatives or friends visiting people. We chatted with people and observed them as they engaged with their day-to-day tasks and activities. We spoke with the registered manager, the deputy manager, three care staff, the chef and a visiting hairdresser.

Good

Is the service safe?

Our findings

People told us they felt very safe living at Kensington Lodge and that they were well looked after and treated kindly by staff. Relatives also confirmed this to us. Staff were visible and the atmosphere was generally very happy and friendly. One person said, "The care worker holds my hand and helps me get dressed". Another person told us, "I definitely feel safe". Staff had been trained to recognise the signs of potential abuse and knew what action to take if they suspected people had been harmed. A poster on a noticeboard in the quiet lounge reminded staff of the steps they should take with regard to safeguarding adults. The training plan confirmed that staff had completed safeguarding vulnerable adults' training.

Risks to people were identified, assessed and managed appropriately. Gates at the bottom and top of the stairs and to the entrance of the kitchen prevented people from potential risks. Care plans included risk assessments in areas such as skin integrity, falls, safety, personal care, eating and drinking and continence. A risk assessment for one person identified they were at risk of pressure ulcers because they were doubly incontinent and unable to mobilise independently. The risk was mitigated through the completion of turning charts by staff to ensure the person did not stay in the same position in bed, a propad cushion and an air mattress. In addition, a document in their care plan showed how the risk of developing pressure areas had been assessed using Waterlow, a tool specially designed for the purpose. Accidents and incidents were reported and action taken as needed. For example, one person had sustained a number of falls. They had been tested for a urinary tract infection, the results of which were negative, so a referral was made to the local authority's falls prevention team. We saw that safe water temperatures were displayed on a notice in the downstairs bathroom and a thermometer was available for staff to use, to ensure that people were not subjected to water that was either too hot or too cold.

We observed people were walking around the home freely, however, some people were unable to walk without support from staff and so sat in their chairs for long periods of time, apart from going to the toilet. One visitor commented on this and felt, "It was easier for staff to manage and see them altogether". A relative told us that they liked the fact that their mother was brought into the sitting room where they could see everyone else and have the company of people. Whilst many people were sitting in armchairs or in the dining area, staff sat with them or nearby completing their daily records. We observed one particular person constantly called, "Nurse" and they were always responded to promptly by staff. Call bells were also answered in a timely fashion by staff, although one person said, "Sometimes they aren't answered as quickly as I'd like".

We observed there were sufficient staff on duty to keep people safe and meet their needs. People told us they felt there were enough staff to deal with their needs. One relative said, "They spend time talking and making her happy. I enjoy coming; I've never known her so happy". Staff spent time talking and helping people and everyone we spoke with said staff were very kind. We checked the staffing rotas and these showed that three care staff were on duty throughout the day, with the addition of the registered manager and deputy manager on weekdays, who also worked on the floor. At night, two waking staff were on duty. At weekends, either the registered manager or the deputy manager were on call. Staffing levels had been assessed based on people's individual care and support needs and 'dependency profiles' had been

completed for each resident. Generally, staff were happy with the staffing levels, although one member of care staff told us that they were busier at particular times of the day, such as when people wanted to get up or go to bed. They said, "Sometimes it's a bit stressful". The deputy manager told us that staff were flexible and if additional help was required, they could contact another of the provider's homes which was located quite close by.

Safe recruitment practices were in place. We looked at three staff files and each contained an application form, two references, identity checks and clearance from the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people.

People's medicines were managed so they received them safely. We observed medicines being administered from a medicines trolley which was secured to the wall in the quiet lounge. Only staff who had been trained appropriately were allowed to administer medicines. A comparatively new member of staff said, "They've asked me if I'd like to train for medicines. It's nice that they feel confident to ask me to do medicines". At lunchtime we observed the deputy manager asking people if they were in pain and would like medication to alleviate their pain. The deputy manager knelt down next to one person and asked them if they had any pain. The person declined the offer of pain relief medicine and the deputy manager responded, "Okay, but remember I'm around if you need anything". The deputy manager told us about one person who was unable to communicate when they were in pain, but she would notice if they became 'fidgety'. They would offer the person soluble paracetamol, as prescribed and if required, when they noticed this person's behaviour change or particular body language.

Medication audits were completed and staff competencies to administer medicines were completed by the deputy manager. We checked the ordering, storage, management and disposal of medicines and looked at the Medication Administration Records (MAR) which showed that people had taken their medicines as prescribed and that staff had signed the MAR to confirm this. We were told about one person who would often refuse to take their medicines and had been assessed as lacking capacity to make an informed decision. As a result, a decision was taken to administer their medicines covertly, that is without their knowledge, if required. A best interest meeting had taken place and the decision was agreed by the GP, staff and the person's family. However, the registered manager told us that this person was always offered their medicines first and that they had taken them recently without any problems.

Good

Is the service effective?

Our findings

Staff had completed training in a range of areas and had the knowledge and skills they needed to carry out their roles and responsibilities. People and relatives told us that staff were skilled and trained to meet their needs or their family members' needs. One relative said, "Nothing is forced on her. It is a good balancing act keeping her safe and healthy and letting her be". All new staff were required to complete the Care Certificate, covering 15 standards of health and social care topics. These courses are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. One member of staff said, "I love it, I absolutely love it. It's hard work, but I thoroughly enjoy my job. At interview the staff were so warm, there was a vibe about the place. You feel you can talk to anyone if you have an issue". They explained to us that they had completed an induction programme which included work shadowing experienced members of staff.

We asked staff about their training. One member of staff told us they had completed training in fire safety, health and safety, moving and handling, mental capacity, safeguarding, first aid and dementia awareness. They said, "Training is fantastic. It's practically on a weekly basis and they make sure you do it". We looked at the training matrix which showed that staff had completed training in areas such as challenging behaviour, infection control, nutrition and diet, moving and handling, prevention of pressure sores, end of life care and person-centred dementia care. All training was up to date. Staff were also encouraged to study for additional qualifications such as National Vocational Qualifications (NVQ) in health and social care.

Staff received supervision every three months and an annual appraisal. Records of supervision meetings showed items under discussion included a review of the last supervision, together with actions, performance management, learning and development and support. One member of staff told us they had received two supervisions with the deputy manager in recent months and that, "She was really happy with everything I've been doing". In addition to attending supervision meetings, staff attended staff meetings which were held two or three times a year. Records confirmed that staff meetings had taken place in March and June 2016. Items discussed were: clients' toileting, eating and drinking, floor mat sensor checks, client activity forms and other matters relating to staff issues.

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. Staff had completed training on the MCA and had a good understanding of their responsibilities under this legislation. One staff member said, "Some people lack the power [capacity] to make a decision. We are here to help them or make a decision in their best interests". A notice on display in the quiet lounge reminded staff of the five main principles under the MCA. Records showed that a best interest decision had been taken on behalf of one person who was at risk of neglecting their personal care and did not have capacity to consent to their care. A best interests meeting was held and a district nurse, paramedic, staff and next of kin had met to decide the best course of action to be taken. This resulted in staff applying cream

in order to prevent skin breakdown, which had been an issue for the person previously.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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. DoLS applications had been completed for everyone at Kensington Lodge, except for one person, who had capacity. At the time of our inspection, only one person had been assessed by the local authority and one DoLS had been authorised.

People were supported to have sufficient to eat, drink and to maintain a balanced diet. One person told us that, "The food is excellent" and people agreed there was plenty of choice. The dining area formed part of the larger sitting room; some people chose to eat at the table, whilst others sat in armchairs and ate their lunch from overlap tables. We saw the chef come out and check that people were happy with their food. The chef told us that when people came to live at Kensington Lodge she would ask them about their favourite foods. She said that two people ate a vegetarian diet and one person required a modified diet because of their diabetes. The chef told us that she liaised closely with care staff and looked at care plans to ascertain people's dietary requirements. Two relatives praised the chef. One person said, "[Named person] is diabetic, but she will only eat it if she likes it, and she does". Another relative said, "The lady doing the cooking is really good. Mum liked her lunch today".

We observed staff spent time encouraging people to eat and drink, at mealtimes and when drinks were served during the day. We saw some staff sitting with people for 20-30 minutes encouraging them to eat and supporting them to eat gently and slowly. The registered manager said that food was brought out at intervals, so that staff could sit with a few people at a time and spend time helping them to finish their food and drink. Communication during lunch was variable, with one staff member supporting the person to eat in a kindly manner, but with little conversation. Other staff chatted away with people using first names and terms of endearment and explaining what they were going to do. For example, one staff member said, "Just sit forward and I will pop an apron on you darling" and, "I will tell you what you've got. It's pork, mashed potatoes, carrots and gravy". We saw one person had eaten very little of their lunch but was encouraged to eat by staff. Later on they were given a cup of tea and biscuits as a way to get them to eat something. Another staff member encouraged one person to drink more by persuading her to have a sip of water between each mouthful of food. The staff member explained, "She finds it easier to drink like this, rather than in one go".

We observed that drinks were only available to people during mealtimes or at specific times during the morning, afternoon and evening. Whilst people had access to drinks in their rooms, there were no drinks freely available in the communal areas. We discussed this with the registered manager who felt that this was not an issue and that staff would bring refreshments to people if these were needed. A relative told us that there were less staff on duty at weekends and that they were concerned people might have to wait for drinks to be served at set times rather than be freely available.

Menus were planned over a four weekly cycle and choices offered to people at each mealtime. On the first day of our inspection, people could choose from gammon, egg and chips or the pork dish, with cheesecake to follow. A menu showing the choices available to people was on display in the dining area, although the choices shown did not actually match what was served on the first day of our inspection. We drew this to the attention of the registered manager who indicated that staff had not had time to change the board because of the inspection. The chef knew people's likes and dislikes and told us, "If I have time, I will check people's plates to see how much they've eaten". They added, "I always do Birthday cakes to make people

happy". The main meal of the day was served at lunchtime, with a lighter meal served at supper. Some people had been assessed by a speech and language therapist as needing a fork mashable or pureed diet, to counteract the risk of choking or difficulties with chewing or swallowing. People had been assessed relating to their risk of malnourishment. We saw staff completing food and fluid charts so that accurate records could be kept of people's food and fluid consumption. The registered manager said, "Foodwise we cater to people's preferences. We provide appropriate cutlery and crockery to encourage people to eat and drink independently. There are warmed plates and cups when people take longer to eat and drink".

People were supported to maintain good health and had access to healthcare services and ongoing healthcare support. One person, referring to their involvement with their care plan, said, "I was given a chance to do something different and I saw a doctor, optician and even a dentist has come in". During the handover meeting which took place between staff shifts, the deputy manager explained to staff the different professionals involved in each person's care, for example, GPs, consultants, physiotherapists, dieticians and opticians. The deputy manager referred to one person who was not eating sufficient amounts and said, "I will consult a dietician and maybe they will include [named food supplement]". They then referred to another person saying, "I've noticed [named person] has a cold today and has been prescribed paracetamol, but has declined". We also overhead a GP treating someone in the large sitting room, behind a screen. The GP said as he left, "If it doesn't improve with the cream, let me know". Care plans recorded the involvement of a range of healthcare professionals. We observed the deputy manager telephoning to ensure that a district nurse visited that day.

Kensington Lodge has been adapted, as far as possible, to meet the needs of people living in a care setting. We saw there were signs and pictures indicating bedrooms and toilets. When people became disorientated with their surroundings, they were guided by staff and given the support they needed to make them feel safe. A few books and magazines or newspapers were available to people to have a look at, although some people living with dementia may not have the ability to be meaningfully involved with the content. A member of staff brought around a trolley of toys, many of which were soft and cuddly and some people appeared to enjoy holding and hugging them. One person had a baby doll and staff responded to them saying, "I know where your baby is, she is over here waiting for you". There was also a large, soft ball with sentences on it and one member of staff encouraged a person to read the sentence back to her. The staff supported the person to respond to the question, which was about their favourite food. The person said that, given the choice of cake or chocolate, that they liked cake best. Bedrooms were of varying sizes, but were well furnished and people had items and personal effects and memorabilia to hand.

Good

Is the service caring?

Our findings

People were looked after by kind and caring staff and positive relationships had been developed between people and staff. We observed staff sitting or chatting with people for short periods of time, checking if they were okay. Staff used first names and kindly words in conversations and communications with people and it was clear that they knew people and their particular ways. People seemed relaxed and comfortable in the company of staff. One person said, "The staff, like any human being, say, 'wait a minute', but they always come back to you".

A number of relatives spoke about the deputy manager and one said, "[Named deputy manager] is particularly good. She really helps mum and some staff don't know how to speak to mum because of the dementia". We observed the deputy manager interacting with one person and she was very kind and caring, kneeling down below the person and addressing them courteously. On another occasion, a second person was visibly distressed and asking for her husband. The deputy manager reassured her kindly and said, "Shall we look through the window, then we can see if he's coming". People confirmed that staff were kind and compassionate with one person saying, "They hold my hand". We witnessed staff chatting with people and supporting them to respond, sometimes engaging them in conversations which interested them or encouraging them to reminisce. One person was very upset and constantly asked to go home. The registered manager was very caring, soothing and compassionate, putting her arms around the person and comforting them. We observed another member of staff was less confident about communicating with this person and ignored their requests to go home, not responding when the person became agitated. However, we saw the same member of staff talking and helping other people in a caring way. We discussed this matter with the registered manager who stated they would support the staff member and how this would be done to enable them to support all people's needs in an empathic and sensitive manner.

Generally staff responded to people's needs in a warm and friendly manner. One staff member told us, "I get up in the morning and think, 'I'm going to make someone smile today'". They added, "I enjoy spending time with people. You get to know what they like and don't like. I talk about my dogs and people like that".

As much as they were able, people were involved and supported to express their views and be actively involved in making decisions about their care, treatment and support. One person had signed the copy of their care plan to indicate their consent. Relatives were encouraged to be involved in care planning. The deputy manager said, "They can look at the care plan and update anything".

People's privacy was respected and their dignity respected and promoted. People confirmed that staff treated them with dignity and respect and that staff tried to help them to remain safe and well. A visitor was very impressed with the care their close friend was receiving. The person communicated non-verbally and it was evident that staff knew them well, could communicate with them and understand their wishes. The visitor said the person had never been so happy and now laughed all the time. We asked staff how they treated people with dignity and respect. One staff member said, "I always ask them if it's okay to do something, whether brushing their hair or changing a pad. I knock on doors and pull curtains. I always check with people and explain what I'm doing. I keep people's personal information confidential".

On the first day of our inspection, a hairdresser had come to the home to do one person's hair. The hairdresser told us, "I've visited lots of care homes and this is the friendliest. The staff are lovely and treat people with dignity and respect. They encourage people out of their rooms, but when [named person] was in her room upstairs and pressed the call button, they were there".

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans contained detailed information about people's support needs and their personal histories, to enable staff to deliver care appropriately; care plans were reviewed monthly. Each care plan had a summary sheet which contained information about people's activities of daily living, medication, communication and mental health needs. This summary sheet provided staff with a quick update about people. Care plans also described the support that staff needed to provide to people in areas such as personal care, eating and drinking, continence, mobility and any health conditions or illnesses. For example, we read in one person's care plans that their needs had changed recently, '[Named person] no longer has a bath/shower due to having had a panic attack whilst bathing'. Instead, staff would provide an 'all over wash', rather than subject this person to a shower or bath. The registered manager told us, "People are encouraged to do as much as they can".

One member of staff explained their understanding of people's care needs when they first came into post. They said, "I did look in a few of the care plans, but I didn't have chance to look at them all. I found out from other staff. You pick things up as you go along". In the quiet lounge, also used by staff, information was posted on a noticeboard advising staff of strategies to use when communicating with people living with dementia. One or two staff appeared less comfortable in communicating with people in challenging situations, but the majority of staff had a good understanding of people's needs and how to respond sensitively to them. We asked one member of staff how they might deal with challenging behaviour and they said, "I think we try and resolve any changes in the best way and with the best solution". They added that, if people displayed a behaviour that was out of the ordinary for them, this could indicate they had an infection or were feeling unwell. People's most up-to-date care needs were discussed at handover meetings between each shift.

Activities were planned for people and external entertainers also visited the home. Themed activities were offered and one relative said that the mid-week session, "Was really fun". They went on to explain, "On Wednesdays, there are themed activities and the men or women who run it bring in props like feather boas and balloons and encourage people to participate; they know everyone's name". A resident told us, "I like the singing". We observed that staff encouraged people to take part in activities, although many declined or were unable to participate. Relatives or friends could take people out and staff also supported people to access the community on a 1:1 basis. The registered manager told us that the local authority's In-Reach Team had provided advice on how to organise meaningful and stimulating activities for people living with dementia and staff were putting this guidance into practice. The registered manager said, "One person doesn't talk, but she likes music and listens on the headset. Some people help with day-to-day activities", for example, polishing furniture or folding laundry. Staff organised activities for people on a daily basis, with 1:1 interaction, for arts and crafts, singalongs and nail painting. Families and friends were invited to events such as a summer BBQ and Christmas party.

Complaints were investigated and managed to the satisfaction of the complainant. We looked at the complaints log from August 2015 and four complaints were documented. The registered manager had dealt with each individual complaint appropriately, with details of any actions taken and the outcomes.

Complainants were also advised who to contact should they be dissatisfied with the way their complaint was managed. We asked relatives and friends visiting people about the management of complaints. They told us they rarely needed to complain, but if they did, they knew who to speak with and they would feel comfortable to do so. One relative said that issues were resolved quickly and explained, "Mum keeps getting urinary infections and needed to drink lots, but there was never water on Mum's table. I mentioned this to staff and it is a lot better now".

Good

Is the service well-led?

Our findings

As much as they were able, people were actively involved in developing the service. We asked staff whether residents' meetings took place. The deputy manager responded, "No. Most of our residents would be confused and would not understand what was going on. We are in close contact with families and we try and involve families with healthcare appointments. We try and keep them informed of everything, what has been done". Relatives were asked for their feedback about the home and we looked at six responses which had been received recently. Relatives were asked about accommodation, staff, food, laundry, grounds, communication, social activities, infection control measures and invoices relating to their family member's care. All responses rated the home overall as either 'Excellent' or 'Good'. One relative had commented they did not know where the visitors' toilet was located. As a result, the registered manager had put up signage in the hallway so the toilet could be easily accessed.

Staff were asked for their feedback about Kensington Lodge through a care home website; relatives could also contribute. One member of staff added, "Yes, I can always raise any issue at supervision meetings and appraisals and ideas for improvement". We asked another member of staff what was 'good' about working at the home. They said, "Everything really. The staff first and foremost are fantastic. Within a week I felt I'd worked here forever. If there's a problem, we discuss things openly". We asked the registered manager about the culture of the service. They responded, "Restricted space is always an issue. Though it's not purpose-built, I feel it's homely. Relatives agree with this, this is people's home. People can visit anytime. We try and do the best we can and we're always trying to improve".

Good leadership was visible and the registered manager and deputy manager inspired staff to provide a quality service. A relative described the registered manager as, "Unobtrusive, but not distant. I can talk to her like she is family". A staff member felt, "Management are very, very approachable, which is so important. The way it's run works really well. If we need anything for clients we will get it. Together we try and do our best". Another member of staff referred to management and said, "I've never had an issue with them, they're very supportive".

Quality was integral to the service's approach and we saw 10 or more thank you cards on the noticeboard to staff, all of which mentioned how caring and thoughtful the staff were to loved ones. Comments included, 'Thank you for the consideration and love expressed to our mum', 'Was cared for as if she is one of the family', 'Such a lovely group of people on the staff, so many of you are real friends to me' and 'It is comfort in the knowledge that [named relative] was cared for by you'. The atmosphere at Kensington Lodge was warm and welcoming. We observed the registered manager was extremely kind and caring and interacted compassionately with people, who responded positively. She knew the names of people and their relatives and was able to speak in detail about them. Other members of staff were also highly praised by visitors to the home. The deputy manager explained the importance of teamwork and said, "It's a home for our clients and we are here for them". We saw compliments recorded from relatives. One said, '[Named relative] was only in your care for a short while, but we wanted to thank you for your kindness and looking after him so well at all times'. Another compliment was, 'Thank you all so much for caring for my mum over the last months. You have all been very kind and caring both to me and my mum'.

A range of audits was in place to monitor and measure the quality overall and to drive continuous improvement. We looked at audits relating to infection control, care plans, health and safety, buildings and maintenance, as well as for planned improvements. An analysis was completed of accidents and incidents, included actions and outcomes and any emerging trends. The operations manager of the provider also made regular visits to the home, looked at progress made against planned improvements and spoke with people and their relatives. The registered manager said, "We do provide good quality care which is responsive and try and sort things out quickly. I believe families are pleased with the care we provide. Where there are concerns, families are pleased with the outcomes".