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Pilgrims Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 17 March 2015 and was unannounced. At the previous inspection in December 2013, we found that there were no breaches of legal requirements.

Pilgrims Lodge Residential Home provides accommodation and personal care for up to 26 older people, some of whom are living with dementia. There were 23 people living at the home at the time of inspection. The accommodation is divided into two main living areas and people are free to choose where they wish to spend their time. Both areas have separate lounges and dining areas and there is a small kitchen available where people are able to get drinks and snacks.

The home is run by a registered manager who was present on the day of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

Risks to people's safety were assessed and managed appropriately. Assessments identified people's specific needs, and showed how risks could be minimised. The registered manager also carried out regular environmental and health and safety checks to ensure that the environment was safe and that equipment was in good working order. There were systems in place to review accidents and incidents and make any relevant improvements as a result. We have made a recommendation about ensuring that everyone's safety is taken into consideration when leaving the building in the event of a fire.

Staff had been trained in safeguarding adults and knew what action to take in the event of any suspicion of abuse. Relatives felt that Pilgrims Lodge Residential home was a safe place to live.

Comprehensive checks were carried out for all staff at the home, to ensure that they were fit and suitable for their role. Applicants were interviewed, two employment or character references were received, the reason for any gaps in their employment history were questioned and criminal record checks were undertaken.

Staffing levels were assessed monthly to make sure that there were enough staff on duty during the day and night to meet people's individual needs.

Medicines were managed and stored appropriately. Staff received training in how to give medicines safely and their competency in administering medicines was checked to ensure that people received their medicines as intended by their doctor.

Meal times were relaxed and people were able to eat at their own pace. When people required support to eat, this was undertaken discreetly. People were given choices and staff understood people's likes and dislikes and dietary requirements.

People's health needs were assessed, such as if they were at risk of poor nutrition or developing pressure sores. Guidance was in place for staff to respond to and monitor people's health needs, and professional advice was sought when it was needed.

New staff received a comprehensive induction, which included shadowing more senior staff. Staff were trained in areas necessary to their roles and also completed a wide variety of additional specialist training to make sure that they had the right knowledge and skills to meet people's needs effectively.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards which apply to care homes. The manager understood when an application should be made and was aware of the recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. As a result DoLS applications were being made for people who lived in the home to ensure that they were not deprived of their liberty unnecessarily.

Staff were kind, caring and compassionate and treated people with dignity and respect. Staff knew people well and encouraged people to be as independent as possible. Staff understood people's likes, dislikes and past histories, so they could support them to make decisions and engage them in conversation about topics that they enjoyed.

People's care, treatment and support needs were clearly identified in their plans of care. Guidance was in place for staff to follow to meet people's needs and it included information about people's choices and preferences and past histories. Staff had knowledge of aspects of people's life stories, which they were able to apply positively to the care and support they offered people on a daily basis.

People were offered an appropriate range of activities. An activities co-ordinator was employed to support people in a range of hobbies and activities. This included individual and group activities as well as spending time talking with people on an individual basis. Trips out into the community were arranged monthly and entertainers visited the home.

The manager had an open door policy and so was able to rectify any minor niggles before they became more serious complaints. Relatives said that they felt confident that if they made a complaint, that action would be taken to resolve it.

The home was well led. Relatives told us that the manager was approachable. She led by example and was clear about the aims and values of the home. Staff were motivated, had confidence in the management of the

Summary of findings

home and put the values of the home into practice on a day to day basis. Staff said that there was good communication in the staff team and it was a good place to work.

Systems were in place to review the quality of the service which included feedback from people who lived in the home, their relatives and staff. The results of these surveys were that people were satisfied with the care provided at the home. The registered manager and provider regularly assessed aspects of the service to monitor its quality.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

Risks to people's safety and welfare were assessed and managed effectively. However, fire evacuation plans did not ensure everyone's safety in the event of a fire.

There were enough staff to meet people's needs and comprehensive checks were carried out for all staff before they started to work at the home.

Staff were confident in recognising and reporting any form of abuse that may take place. The provider had taken reasonable steps to protect people from abuse.

Medicines were stored and recorded appropriately. Staff had received training to ensure that they were competent in administering medicines safely.

Is the service effective?

Good

The service was effective.

Staff were trained to ensure that they had the skills and additional specialist knowledge to meet people's individual needs. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interests.

People's dietary needs were assessed and taken into account when providing them with meals. Meal times were managed effectively to make sure that people had an enjoyable experience and received the support and attention they needed.

The home liaised with other healthcare professionals to monitor and maintain people's health and well-being.

Is the service caring?

Good

The service was caring.

Staff knew people well and communicated with them in a kind and patient manner.

Supportive and caring relationships had been developed between the staff and people's family members.

People were supported to maintain their dignity and privacy and to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Summary of findings

People received care and support when they needed it. Staff were knowledgeable about people's support needs, interests and aspects of their life stories, in order to provide personalised care.

People were offered a range of different activities according to their interests, including individual and group activities. People had opportunities to access the local community.

Information about how to make a complaint was displayed in the home. People's representatives knew how to raise a concern so that any complaints could be acted on.

Is the service well-led?

Good

The service was responsive.

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Pilgrims Lodge Residential 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 March 2015 and was unannounced. It was carried out by two inspectors.

Prior to the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events which the provider is required to tell us about by law.

Before the inspection, we asked the provider to complete 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. The provider returned a PIR within the set time scale.

We spoke to six people who lived in the home and three relatives. Some people living with dementia were not able to tell us about their experiences. We used the Short Observation Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed people taking part in a musical activity in the lounge and also observed people during lunchtime.

The registered manager was available on the day of our visit and helped us with our inspection. We spoke with four care staff including the deputy manager, senior staff and care staff. We saw the communal areas of the home, kitchen, laundry and a number of bedrooms.

During the inspection we viewed a number of records including four care plans, three staff recruitment records, the staff training programme, staff rota, medicines records, environment and health and safety records, risk assessments, staff team minutes, menus and quality assurance surveys. We observed one person, spoke to their relative, spoke to staff about their care needs and then looked at their plan of care. This enabled us to see how people's care was planned and delivered.

Requires improvement

Is the service safe?

Our findings

People received support from staff in a way that ensured their safety. Staff were relaxed and took time to talk to people when helping them with everyday tasks. People were positive about their experience of living at Pilgrims Lodge and one person told us, "It is a good place to live here". Relatives told us that they felt that people were in safe hands whilst living at the home. One person told us about their relative, "I do feel she is safe when I leave".

All staff had received training in how to recognise and respond to the signs of abuse and there was a rolling programme in place to ensure that this training was regularly refreshed. Staff were confident when describing the different types of abuse that could take place. They said that if they witnessed any form of abuse, they would take immediate steps to prevent it reoccurring if this was possible. They knew to record any incident, to take appropriate action such as calling the person's doctor and to report the incident to the senior on duty or the home manager. Staff felt confident that their concerns would be listened to and knew how to "blow the whistle". This is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith. Staff understood that they could talk to the manager or with the home owner. Staff felt confident that they would be listened to, but if their concerns were not taken seriously, they said they would contact the Care Quality Commission, or the local authority. The telephone numbers for these organisations were available to staff, so that there would be no delay in reporting any serious concerns and so keep people safe.

The registered manager had a copy of the document, 'Multi-agency safeguarding vulnerable adults: Adult protection policy, protocols and guidance for Kent and Medway'. This contained guidance for staff and managers on how to protect and act on any allegations of abuse. The home had an open door policy so that visitors were welcome at any time without first making an appointment. The manager said that this helped people to feel safe as it showed visitors and people who lived at the home, that the same level of care was provided at all times.

Each person's care plan contained individual risk assessments which were based on their assessment of individual needs. Risks to people's safety in their everyday lives had been identified and guidance was in place for staff to follow to minimise these risks occurring. These included risks when people were moving around the home, to ensure people had enough to eat and drink and that people's emotional well-being was maintained. For example, for people who were at risk of developing pressure areas, guidance was in place for them to use specialist equipment, to be repositioned hourly, medicinal creams to be applied and to drink and eat at regular intervals. As well as protecting people from risks of harm, assessments of risk also promoted people's rights, freedom and dignity. For example, for people who required support to manage their continence, people were supported to be as independent as possible whilst having their needs met. Risk assessments were reviewed monthly to ensure that they contained the correct guidance.

The registered manager carried out regular health and safety checks of the environment and equipment. These were to ensure that people lived in a safe environment and that equipment was safe to use. These included a number of checks such as: viewing rooms to ensure that they did not present any hazards and that they were clean and hygienic; checking slings and hoists to make sure that they were in good working order; checks to ensure the water was delivered at a safe temperature and free from any disease, such as Legionella; and checks to ensure that fire equipment was fit for purpose. There were also checks of equipment by external companies, such as for hoists, fire equipment and gas and electricity, to make sure that people lived in a safe environment.

Accidents and incidents were reported to the manager. Each month the manager and home owner reviewed this information to see how many accidents had occurred, any action that had been taken, and to identify any specific causes. This was so that any trends or patterns could be identified and action could be taken to reduce the reoccurrence of any of these events. Each person had a personal emergency evacuation plan (PEEP). This set out the specific requirements that each person had to ensure they could be evacuated in the event of a fire. However, the guidance for one person did not ensure they would be evacuated in a way that ensured their safety.

The registered manager assessed people's dependency levels each month, to see if there were enough staff on duty during the day and night, to meet people's individual support needs. From 8am to 8pm there were four care staff on duty. Two care staff were assigned to each area of the

Requires improvement

Is the service safe?

home. Staff explained that the team worked well together. They said that if both staff were assisting one person, they would call over a member of staff from the other area of the home, so that people had staff to support them. Staff said that there were sufficient of them on duty to meet people's needs. The deputy manager was actively involved in supporting people and each shift was led by them or a senior carer. The pace of the home was relaxed and people were able to get up when they wished. We observed that some people preferred to rise early and others later in the day. At night time there were two waking night staff. One member of the night staff team had been appointed to have overall responsibility and they were in regular contact with the manager to discuss if people's needs had changed, such as if they were not sleeping and required additional support at night. The staffing levels ensured that people who needed it were checked every hour during the night.

Potential staff completed an application form which included information about their skills, experience, qualifications and past employment history. The application form asked people to include any gaps in their employment history together with the reasons for these gaps. This helped the provider make a decision about the person's suitability for employment. Applicants attended an interview and were asked a number of standard questions to assess if they were suitable and to ensure that each applicant was treated fairly. If the person was successful, the manager undertook identification checks, a Disclosure and Barring Service check (DBS) and requested two references as to the person's character and skills. A DBS check identifies if prospective staff have had a criminal record or are barred from working with children or vulnerable people.

Medicines were stored securely in a dedicated medicines room. The temperature of the room was checked to make sure that medicines were kept at the right temperature. Medicines with a short shelf life were dated when opened to ensure that they did not exceed their use by date. Medicines were received into the home from a pharmacy each month. The deputy manager checked all medicines to ensure that they matched with the medication administration record (MAR) printed by the pharmacy. Most medicines were administered using a monitored dosage system or "blister packs". The name of the medicine and the person for whom it was prescribed was written on each medication. This helped to ensure that people were given the right medicine as prescribed by their doctor. If new medicines were prescribed, the name, dosage and frequency of the medicine was checked for accuracy by two staff before it was written on to the MAR.

Staff who administered medicines had been trained in how to do so safely. Their competency in giving medicines was checked on a regular basis to make sure that they did so safely. Staff were observed administering medicines safely. They checked what medicine a person was prescribed by their doctor, gave the medicines to the person and then checked they had taken it. The staff member then immediately signed the MAR as a record of what medicine the person had taken. MAR charts were clearly and accurately completed and included clear directions for staff, to help ensure that each person received the right medicines.

We recommend that the service seeks advice and guidance from a Fire Safety Officer, about ensuring people's individual needs and safety are taken into consideration in the event of a fire.

Good

Is the service effective?

Our findings

Observations at lunchtime were that people were offered a choice of nutritious food and that people could eat their meal at their own pace. When people needed support to help them to eat, staff supported them in a patient manner. Staff encouraged one person to eat and then checked with them that they had finished their mouthful, before offering them some more to eat. There was a rapport between the member of staff and the person so that the mealtime was an enjoyable experience.

There was a four weekly menu which included a variety of foods and had been developed with input from a dietician to ensure that people had a balanced diet. People could choose cereals or cooked items such as eggs or sausages at breakfast time. At lunchtime, which was the main meal of the day, people were offered two options or could ask for an alternative. On the day of our visit the options were curry or ravioli. Two people at one table responded that they liked their meal. However, when the meal was presented to a third person, they replied that they did not feel like eating it. This person was immediately offered an omelette which they accepted. This was freshly cooked for them by the chef. At tea time people were offered cold options such as sandwiches or a hot option such as homemade soup. The cook spoke knowledgeably about people's different dietary needs. This included if people required a diabetic or vegetarian diet, if they had any allergies or if they required their food soft or pureed, so that it was easier for them to swallow.

People's care plans gave clear written guidance about people's health needs and medical history. This included information about people's nutritional needs, how to minimise the risks of developing pressure areas or falling and how to support people to move around the home. People's weights were taken monthly to identify people at risk of poor nutrition. For people at risk of poor nutrition and fluid intake, charts were in place to record what the person had eaten, how much they had eaten and how much they had drunk. Staff monitored people's intake and encouraged people to drink and eat small amounts throughout the day. For people at risk of developing pressure areas, charts were in place to record and ensure that their position was changed on a regular basis. These records included which position the person had been moved into, so that they regularly changed position throughout the day.

Staff contacted people's doctor and other health professionals when required, including community psychiatric nurses, chiropodists, and district nurses. Relatives said that staff kept them up to date with changes in people's health. Each person had a "Hospital Passport" which were being updated to reflect new guidance. This provided the hospital with important information about the person and their health if they should need to be admitted to hospital.

New staff received an in-house induction which was based on Skills for Care's "Common Induction Standards (CIS)".CIS are the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. Staff completed a workbook which included specific training around key areas such as how to protect people from abuse. Staff were required to give written responses to a variety of questions and scenarios. New staff also shadowed senior staff. This was to provide evidence that staff had the skills, knowledge and experience to care for people. Staff were given a handbook which contained information important to their role. The majority of staff had completed Diploma/Qualification and Credit Framework (QCF) levels two or three in Health and Social Care. These qualifications build on the Common Induction Standards and are nationally recognised qualifications which demonstrate staff's competence in health and social care.

Support for staff was achieved through individual supervision sessions, an annual appraisal and staff meetings. Staff said that they received supervision every two months when they were asked how they were getting on with their work and if they had any concerns. Staff said that if they had any problems or concerns, or required more training, they felt confident to raise them and they were acted upon.

Staff told us that they received regular training. They said that it was effective as it kept them up to date with current knowledge and gave them the confidence to support people to the best of their ability. Training was provided through training packages, external trainers and in-house, which included an assessment of staff's competency in each area. There was an on-going programme of

development to make sure that all staff were kept up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, food hygiene and person-centred care. Specialist training had been provided to most staff in communication, palliative care, dementia, diabetes, bereavement, continence and falls prevention. The activities coordinator also undertook aspects of this training, which was relevant to their role. Staff had the training and specialist skills and knowledge that they needed to support people effectively.

Staff had received training in the Mental Capacity Act 2005. The Mental Capacity Act aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. People's mental capacity had been assessed and taken into consideration when planning their care needs. Staff understood that people had the capacity to make day to day decisions such as what they wanted to do, what they wanted to eat or wear. However, they also understood that sometimes people living with dementia might not have the capacity to make decisions and that in these situations, decisions should be made in people's best interests. The home had policies and procedures in place in relation to the Mental Capacity Act and protocols in place for arranging best interest meetings and advocacy. Advocates helped people to express their needs and wishes, and to weigh information and take decisions about the options available to people.

Staff had received training in the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards concern decisions about depriving people of their liberty, so that they can be given the care and treatment they need, where there is no less restrictive way of achieving this. The registered manager was aware that the timescale for one person for a DoLS authorisation had nearly ended. The registered manager had contacted the local authority so that an assessment could be made as to whether it was appropriate for the timescale to be extended. Everyone had been assessed to see if their liberty had been deprived and relevant applications were being made to the local authority. This included people living with dementia who could not leave the premises without staff to support them to remain safe. These applications ensured that an independent assessment would be made as to whether these people were being deprived of their liberty.

Staff said that they always asked for people's consent before carrying out personal care tasks or offering support. They said that if people declined their support that this was people's right and they respected their decision. We heard staff asking if people would like to have a bath or to have support to eat. Staff acted on people's responses and respected people's wishes if they declined support. Care plans contained people's signed consent to show their agreement to their individual care plans.

Some people had "Do not attempt resuscitation" (DNAR) orders in their care plans. These showed that people's mental capacity to make this decision had been assessed. DNARs had been appropriately discussed and signed with people's family representatives and their doctor. Staff knew which people had a DNAR, so that this could be acted on appropriately.

Good

Is the service caring?

Our findings

People felt that their privacy was respected. One person told us, "My bedroom is a place I can call my own." Relatives told us that staff were kind, caring and friendly. They said staff knew people well and sat with people, engaging them in conversation that was of interest to them One person told us that their relative, "Always says she is happy living here", another relative told us, "The staff are as caring towards the people living here as they are towards their own family".

Staff said that providing support for people living at the home was like caring for a member of their own family. They said they thought of people as a member of their own family, and tried to think how they would support the person if they were their own parents. Staff said that they enjoyed their role and endeavoured to empathise with people, as this was essential to being an effective carer. Staff empathasied with people on the day of our visit. When one person was distressed, a staff member spoke to them and acknowledged their concern about the health of another person.

When staff explained the support that people needed, they did so in a way that showed they genuinely cared for people. Staff described people's individual characteristics and likes and dislikes in a positive way. They highlighted people's strengths, rather than focusing on the things that they could not do. Staff described how they lovingly supported one person to eat their favourite foods. This person's plan of care stated that the person required regular conversation to ensure that they were not isolated, due to their limited mobility and communication. The staff's action made sure that the person gained the nutrition they required, whilst enjoying the experience and the time staff spent with them.

[RK1] People's ability to express their views and make decisions about their care varied. To make sure that all staff were aware of people's views and opinions these, together with their past history, were recorded in people's care plans. Details about people's past lives had been recorded so that staff had a better understanding of people's interests and past occupations. Staff knew people's likes and dislikes such as who they could share a joke with and what interested them. They also knew information about peoples' past occupations and a number of staff had worked at the home for many years and had known people since they first moved to the home.

Visitors said that they were able to visit at any time and were made to feel welcome by staff. A relative told us that they usually visited the home on a particular day. On one occasion they did not visit on this day and the manager became concerned about their well-being. The manager contacted this visitor at home and when they received no reply they contacted one of their relatives to seek confirmation that they were safe. The registered manager cared about the wellbeing of the relatives of people who lived at the home.

The manager had sought information about the Department of Health's, "With Respect - Dignity in Homecare and Residential Care". A plan was in place for all staff to undertake this training, which raised awareness of the importance of providing services that respect people's privacy, confidentiality and dignity. Staff interacted with people in a way that respected their dignity on the day of our inspection. Feedback from the home's survey questionnaires for 2015 was that everyone felt that they were treated by staff with dignity and respect and that they were involved in day to day decisions such as when they would like to get up in the morning and when they would like to go to bed.

People were supported to be as independent as possible. On the day of our visit one person was drying up after the lunchtime meal. During lunch, a member of staff sat next to another person and supported them to eat with a utensil. After a while the staff member let the person eat by themself. The staff member later checked to see how the person was getting on and helped them, as they had stopped feeding themself. When the staff member checked the person later, they were eating their meal independently and did not require any further assistance.

Good

Is the service responsive?

Our findings

One person told us they belonged to a local choir where they sang old songs, and they were attending the choir on the afternoon of our visit. We observed people taking part in a music session in one of the lounges, provided by a musician. The musician sang songs that people knew, accompanied by a guitar. People engaged in the activity in a positive manner, playing musical instruments, singing, chatting and laughing. One person, who was sitting in the middle of the group, played a percussion instrument and sang along in a strong voice to all of the songs. Their actions encouraged another person to pick up a musical instrument and join in too. One person remained quiet throughout the session but their face brightened up at the last song, which they sang along to. The registered manager explained that this song had a particular significance for this person and that staff often sang this song to them when undertaking personal care. This was because they knew that this person responded well to this song and it improved their well-being.

An activities co-ordinator was employed four afternoons a week to support people to continue with their hobbies and interests. Activities varied according to people's wishes and included board games, cards, bowls and watching films in cinema style with popcorn and drinks. The activity co-ordinator also chatted individually with people who did not want to join in with any formal activities. This meant that everyone in the home received individual attention. Monthly outings were arranged to take people out by minibus to visit local places and have lunch such as to Herne Bay and Ramsgate. These outings were displayed in advance on the residents' notice board, which also included details of local church services.

People's needs were assessed before they moved into the home and these assessments formed the basis of each person's plan of care. Relatives said they were involved in planning their relatives' care. Care plans contained detailed information and clear directions of all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's personal care needs, communication, mobility, continence, skin care, eating and drinking, dental and food care, medication and well-being. The plans included people's preferences such as how people liked to spend their time and what personal care tasks people wished to do for themselves. The plans were reviewed each month so that an accurate plan was maintained for each person and so the staff team could respond to any change in a person's needs.

Staff wrote daily reports providing a picture of the person's day, and if they had slept well at night. There was a handover between each shift of staff to communicate any particular needs or concerns about each person. People had a key worker who took a specific interest in them and to ensure they had everything they needed.

There were signs with pictures throughout the home to assist people with needs associated with living with dementia, to find their way around the home. This included signs or pictures on people's bedroom doors and on bathroom and toilet doors. The signage on people's bedroom doors included a picture of the person and also a picture representing what interests they had. For example, one person had a picture related to their past occupation and another person had a picture of an activity which they enjoyed.

The registered manager had an open door policy so that people or visitors could contact them to address any concerns or niggles before they became more serious. Relatives said they felt confident to raise any concerns with the registered manager and that they would act on them. The complaints procedure was given to people and their representative when they first moved to the home and was on display in the home. This provided people with details about sharing concerns with the registered manager or provider/home owner or with outside agencies.

Good

Is the service well-led?

Our findings

The registered manager had a visible presence in the home. She laughed and joked with some people and showed patience and understanding with others, which showed that she, knew people well. When asked about the service, one person joked with the inspectors, so that the registered manager could clearly hear their response. This person said, "So you are from the Care Quality Commission. You won't find any quality here!" This resulted in a lot of laughter and teasing between the person and the registered manager, indicating that the person meant that the home provided a quality service. A relative told us, "There is a relaxed atmosphere in the home".

The registered manager had managed the home for eight years. She had a clear understanding of the aims and philosophy of the home. She was passionate about providing quality services for older people. She explained that older people had given a lot to other people in their lifetimes and that they should be respected for this in return. The registered manager led by example, working alongside staff and she and the staff team put these values into practice when supporting and interacting with people.

Meetings for people who lived at the home, were held every three months, so they could express their views and opinions. The dates of these meetings was displayed in the home, so people were informed of when the next meeting would take place. The home had received five compliments from relatives in the last year. Comments included, "Thank you for looking after my relative. I am sorry to say goodbye to you all"; and "Thank you and all the staff at Pilgrims Lodge for looking after Dad so well; it's truly much appreciated".

The views of people, their relatives and staff were also sought through annual survey questionnaires. These surveys had been sent out last month, in February 2015. The registered manager was waiting to receive further responses before making an analysis of the results. Any shortfalls were identified via the surveys and improvements made to the way the home was run and managed. Feedback received to date was that relatives and people were very satisfied with the support provided. Everyone responded that they liked living at the home, that staff were kind and that they felt safe. Relatives responded that staff were approachable, interacted with people and that people had choices. One relative commented, "Thank you for making her life the best it can possibly be". Some people commented that the outside of the home was not as attractive as it could be. The registered manager had received agreement from the provider to re-paint the outside part of the home that was affected.

Staff survey responses were that they received support when they needed it, that they felt part of the team and that the registered manager was approachable. Staff told us they worked well with one another and there was good communication between all staff members, which made it an enjoyable place to work. Staff meetings were monthly and staff said they were able to voice their views at these meetings and they were listened to. Different topic areas were discussed at each meeting including safeguarding, training and policies and procedures.

The home had effective systems in place to ensure that it regularly monitored the quality of service that it provided. The manager audited aspects of care such as medication, care plans, health and safety, infection control, maintenance and potential hazards. If any shortfalls were identified, action was taken to address them. The home owner visited the home daily, so that they were always available and approachable. Each month they made a record of their assessment of the quality of the service. This was so that what the home was doing well could be identified together with any areas where improvements were needed. The review included talking to people, staff and visitors, looking at the environment, reviewing accidents, training and activities provided for people.