

Kindcare (UK) Ltd

Bendigo Nursing Home

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

Bendigo Nursing Home is registered to provide nursing care for up to 25 older people. All bedrooms were used as single occupancy with the provision that three rooms could be double occupancy if specifically requested. There were 20 people living at the home at the time of the inspection.

People who live at Bendigo required assistance with a range of nursing and personal care needs, with some needing support in relation to living with memory loss and dementia.

The home is a character building converted to provide communal areas and private rooms for people. The home has a passenger and stair lifts to assist people to access areas of the building.

This was an unannounced inspection which took place on 2 June 2016.

Bendigo Nursing Home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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.

The registered manager was in day to day charge of the home, supported by a deputy manager. The registered manager was fully involved in all aspects of the day to day running of the home and had an excellent overview of the home and knew everyone well.

We received positive feedback from people, staff, relatives and visiting professionals. Everyone told us that the manager was passionate about ensuring people received the best care possible. Putting the person first to ensure the care they received was tailored to meet their needs. This was supported by clear up to date care documentation which was personalised and regularly reviewed.

Staff felt that training provided was effective and ensured they were able to provide the best care for people. Competencies had been completed after training to ensure that staff had a clear understanding and were appropriately trained to meet people's needs

Registered Nurses (RN's) were responsible for the medicines in the home. Medicine administration, documentation and policies were in place. These followed best practice guidelines to ensure people received their medicines safely. Regular auditing and checks were carried out to ensure high standards were maintained. People were supported to self-medicate if it was safe for them to do so and this was regularly reviewed.

There were robust systems in place to assess the quality of the service. Maintenance, for example water, electric and gas had taken place and all equipment and services to the building had been checked and maintained regularly. Fire evacuation plans and personal evacuation procedure information was in place in

event of an emergency evacuation.

There a programme of supervision and appraisals for staff. Staffing levels were reviewed regularly. Staff received training which they felt was effective and supported them in providing safe care for people. Recruitment checks were completed before staff began work.

Care plans and risk assessments had been completed to ensure people received appropriate care. Care plans identified all health care needs and had been reviewed regularly to ensure information was up to date and relevant. People's mental health and capacity were assessed and reviewed with pertinent information in care files to inform staff of people's individual needs.

People were encouraged to remain as independent as possible and supported to participate in daily activities. Staff demonstrated a clear understanding on how to recognise and report abuse. Staff treated people with respect and dignity and involved people in decisions about how they spent their time. People were asked for their consent before care was provided and had their privacy and dignity respected.

Feedback was gained from people, relatives, staff and visiting professionals this included questionnaires and regular meetings with minutes available for people to access.

People's nutritional needs were monitored and reviewed. People had a choice of meals provided and staff knew people's likes and dislikes. People gave positive feedback about the food. Fresh fruit and hot and cold drinks were freely available and people were able to have an alcoholic beverage if and when they chose.

Referrals were made appropriately to outside agencies when required and notifications had been completed to inform CQC and other outside organisations when events occurred.

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 a good understanding about how to recognise and report safeguarding concerns.

Medicines policies and procedures were in place to ensure people received their medicines safely.

Environmental and individual risks were identified and managed to help ensure people remained safe.

Staffing levels were regularly reviewed and maintained. People living at Bendigo Nursing Home told us staff were always available if they needed them.

Is the service effective?

Good 

The service was effective.

Staff had received effective training to ensure they had the knowledge and skills to meet the needs of people living at the service.

Staff felt supported and had regular supervision and appraisals.

Management and staff had a good understanding of mental capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS). People were actively involved in day to day choices and decisions.

People were supported to eat and drink. Meal choices were provided and people were encouraged to maintain a balanced diet. People's weights were monitored.

People were supported to have access to healthcare services and maintain good health.

Is the service caring?

Good 

The service was caring.

People were treated with dignity and compassion. The registered manager and staff considered ways to ensure people's privacy and dignity were always supported and maintained.

People were involved in day to day decisions and given support when needed.

Staff knew people well and displayed kindness and patience when providing care.

Is the service responsive?

Good ●

The service was responsive.

Documentation was personalised, up to date and included specific information about people's backgrounds, important people and events.

Care plans and risk assessments were regularly reviewed and updated.

People's choices and the involvement of relatives and significant others was clearly included in care files.

Daily activities were provided for people to allow them to spend time doing things they enjoyed.

A complaints procedure was in place and displayed in the main entrance area for people to access if needed.

Is the service well-led?

Good ●

Bendigo Nursing Home was well led.

There was a registered manager in place who had a full overview of the day to day running of the home.

People living at Bendigo Nursing Home, relatives and staff spoke highly of the registered manager and the way they ran the home.

There was a robust system in place to continually assess and monitor the quality of service provided. Audit information was used to continually improve and develop the service.

People had positive feedback about the home and how it was run.

Bendigo Nursing 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 which took place on 2 June 2016, was unannounced and was undertaken by two inspectors.

The last inspection took place in June 2014 where no concerns were identified.

Before the inspection we looked at information provided by the local authority. We reviewed records held by the CQC including notifications. A notification is information about important events which the provider is required by law to tell us about. We also looked at information we hold about the service including previous reports and any other information that has been shared with us by the local authority and quality monitoring.

Many people living at Bendigo Nursing Home were able to tell us about their experiences of living at the home. We carried out observations in communal areas. We case tracked two people; this is where we look at all aspects of the care provided and how this is documented. We also looked at a further two peoples documentation in relation to specific health needs, risk assessments and associated daily records and charts.

All Medicine Administration Records (MAR) charts and medicine records were checked. We read diary entries and other information completed by staff, policies and procedures, accidents, incidents, quality assurance records, staff, resident and relatives meeting information, maintenance and emergency plans. Recruitment files were reviewed for three staff and records of staff training, supervision and appraisals for all staff.

We spoke with five people using the service and six staff. This included the registered manager, deputy manager, registered nurses (RN's), care staff, cook and maintenance staff who are all involved in the day to day running of the service.

We spoke with a visiting relative and two health and social care professionals who had visited the service. We received only positive feedback from everyone we met and spoke to. Professionals told us, "People always appear relaxed and well supported." And "People spoke highly of the care they received."

Is the service safe?

Our findings

People said they felt safe living at Bendigo Nursing Home. We were told, "We are very good here, I feel very safe, it's a very good home." And, "We are so well looked after, always someone here to help you." Relatives told us, "People are exceptionally well looked after. They pick up any changes, they are spectacularly good. They keep her safe."

People at the home were safe. Systems were in place to help protect people from the risk of harm or abuse. The registered manager was aware of the correct reporting procedure for any safeguarding concerns. A safeguarding policy was available for staff to access if needed and all staff had received regular safeguarding training, this included administration and maintenance staff as they came into day to day contact with people. Staff demonstrated a good knowledge around how to recognise and report safeguarding concerns and told us they could also contact the registered manager at any time if they had concerns. The local authority had visited the home to talk to people and their families about how the local authority safeguard residents who live in care homes. People told us they had found this very informative. Computer screens around the building displayed relevant information to inform people and information was available for people and visitors around how to recognise and report concerns.

People at Bendigo Nursing Home had a range of nursing and care needs. Some people were independently mobile with the use of walking aids, whilst others needed full support from staff. Some people required support and prompting with personal care whilst others needed full assistance from staff for all activities of daily living including personal care, nursing and care needs. When people moved to Bendigo their care and nursing needs were assessed. This included a full assessment completed over approximately two weeks by the RN and key care staff. This enabled staff to observe and record people's behaviour in different circumstances to ensure that all staff had the appropriate knowledge and understanding of the person and their individual needs. People's needs were then assessed and reviewed monthly or more frequently if changes occurred, to ensure that the home could provide safe and effective care. Those with reduced mobility had assistance provided by one or two staff as required, for example when using a hoist to assist people to move from a wheelchair to chair. Appropriate equipment was available and this had been regularly maintained to ensure it was safe to use.

Risks to individuals were identified and well managed. There were individual risk assessments in place which supported people to stay safe, whilst encouraging them to be independent. For example, mobility and personal safety, nutrition, weights and tissue viability, pain management and any other individual risks identified during the initial assessment or subsequent regular reviews of care. Staff told us "Not everyone can tell you how they are feeling, we look for non-verbal signs if someone is in pain or unhappy so that we can respond to their needs promptly."

Care plans were detailed and folders included a summary of people's current care needs. This meant staff were kept well informed of people's needs and any changes had been documented and updated promptly. This meant staff were supported by accurate information to provide safe care for people.

The home was clean and well-presented throughout. Regular maintenance and environmental risk

assessments had been completed. The home had a designated maintenance employee who was available at the home. Systems were in place to ensure equipment and services were well maintained and checked regularly. This included water checks, legionella and fire safety. A newly upgraded fire system was in place and fire evacuation and emergency procedures were displayed around the home. Staff and people had access to clear information to follow in the event of an emergency. Including Personal Emergency Evacuation Procedures (PEEPS). PEEPS include individual information about people and things which need to be considered in the event of an emergency evacuation. Including mobility, health, and the number of staff required to assist them. There was regular training for both day and night staff and evacuation equipment was located around the building to aid evacuation.

The registered manager had a safe recruitment system in place. We looked at staff recruitment files. These showed that all relevant checks which had been completed before staff began work. For example, disclosure and barring service (DBS) checks, a DBS check is completed before staff began work to help employers make safer recruitment decisions and prevent unsuitable staff from working within the care environment. Application forms included information on past employment and relevant references and visa information was in place if needed before staff were able to commence employment.

Staff had access to relevant and up to date information and policies, including whistleblowing and safeguarding. Policies were reviewed and updated when changes took place; this included the addition of new information to incorporate recent changes to regulation. Staff told us they knew where policies were stored and that they were asked to read them when changes occurred to ensure they were aware of correct working procedures. Any changes were also discussed at staff meetings.

Staffing levels were assessed and reviewed dependant on people's nursing and care needs. Some people were assessed to require support of two staff. People told us that staff were always available when you needed them. Staff told us that staffing levels were appropriate to meet people's needs. Staff felt they had time to spend with people. Telling us, "Oh yes there are enough staff, we can be there for people." And, "If we feel someone needs more time we just tell the manager and it would be arranged." Staff turnover was very low with a number of staff having worked at the home for many years. All staff we spoke to told us they felt the home was well organised and everything was in place to ensure the home ran safely.

People told us that they had call bells they could use to alert staff if they needed them. We saw that people had call bell systems in their rooms and call bells were fitted in toilets and bathrooms. People told us that if they ever needed any help from staff, they always responded promptly. The registered manager analysed call bell response times regularly as part of their on-going monitoring of the service. We saw that there was a staff member present in the communal lounge to support people and provide drinks and assistance if needed throughout the day.

There were robust systems to ensure people received their medicines safely. Policies and procedures were in place to support the safe administration and management of medicines. Including covert medicines and self-administration. RNs completed training updates when required and competencies were assessed to ensure medicines were continued to be given safely. Medicines were regularly audited to ensure that all areas of medicine administration were maintained to a safe standard. Medicine Administration Records (MAR) charts were checked to ensure that all documentation had been completed correctly. We observed medicines being administered and saw that this was done following best practice procedures. People who self-administered medicine had risk assessments in place to support this. These were reviewed monthly or more frequently if there were any changes to people's health.

Medicine protocols included guidance for 'as required' or PRN medicines. PRN medicines were prescribed

by a person's GP to be taken as and when needed. For example pain relieving medicines. PRN guidance identified what the medicine was, why it was prescribed and when and how it should be administered. Staff followed clear processes and ensured that PRN medicines were considered if people showed verbal or non-verbal signs that they may be in pain or unwell. We discussed documentation and although current systems were effective and accurate the registered and deputy manager looked at ways to make administration even clearer. This included a new code for the MAR chart to indicate when a person self-administered a medicine and informed staff of this afterwards, and a clear system to show that staff always considered the most appropriate PRN medicine to give on an individual basis. People were kept informed of the medicines they had been prescribed by their GP and were involved in any changes and decisions if appropriate.

Medicines and topical creams were stored and disposed of safely. Medicines were labelled, dated on opening and stored tidily within the trolley. Medicine fridge and medicine room temperatures were monitored daily to ensure they remained within safe levels. Medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of following safe disposal procedures.

Peoples safety was well managed. Incidents and accidents were reported and the manager had oversight of any incidents/ accidents or falls that had occurred. Accident and incident occurrence was low. A monthly review was completed and these were analysed to look for any trends. The manager and staff understood the importance of learning from incidents to facilitate continued improvement within the service. For example if someone had a fall, then this would trigger a review to look at how the person's safety could be supported to prevent further incidents if possible and referrals made to appropriate outside agencies if needed.

Is the service effective?

Our findings

We saw and staff confirmed that they knew people really well. People told us, "They support me when I want to do something, they help me if I need help and let me do the things I do myself."

The registered and deputy manager had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what may constitute a deprivation of liberty. Staff also demonstrated an understanding of MCA and its aims to protect people who lack capacity and when this might be required. The Care Quality Commission has a legal duty to monitor activity under DoLS. This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests. People's mental health and wellbeing was assessed and reviewed regularly with liaison between the home and other health professionals if required. Best interest meetings and decisions had been documented to support any decisions made regarding people's safety and welfare. Staff supported people to be independent, involved and empowered to make decisions on a day to day basis. For example, decisions in relation to Do Not Attempt Resuscitation (DNAR) included clear information regarding who had been involved in the decision.

Care documentation and staff interaction seen showed that people living at Bendigo Nursing Home or those acting on their behalf were involved and supported to make informed decisions prior to care and treatment. Staff told us, "There's no routine, it's all about the people, what they want, how they want it, we support people to make their own choices." Staff gave us examples when people had made a decision regarding how they dressed or what they ate and drank and their family had not agreed with this. Staff and the registered manager were clear that unless it was a risk to the person, or a restriction was subject to a DoLS, they always respected the persons decision, as sometimes a families view of how they want a person to live or spend their time may not be what the individual actually wants. We observed staff speaking to people and involving people in decisions. For example, people were reminded of appointments and what activities were due to take place that day. People then made decisions about what they wanted to do, whether they attended activities or returned to their rooms or go out with family.

People were supported to have access to healthcare services and maintain good health. Referrals had been made to other health professionals when required. This included GPs, community nurses, consultant, opticians, dentist and chiropodist. Staff were proactive in ensuring that the appropriate professionals were contacted to maintain people's health.

People received care from staff who had knowledge and skills to look after them. There was a full and intensive programme which included all essential training for staff, with further training for example dementia, dignity and respect, end of life care, positive behaviour support and moving and handling. Staff also received further specialised training to meet people's health needs. For example, venepuncture, and individual feeding systems. Competency checks were carried out by management to ensure staff training had been appropriate. Staff told us the training they received enabled them to understand people, for example a 'virtual dementia training' had helped them understand how best to provide care for people with early stages of dementia or short term memory loss. Staff displayed a good working knowledge of dementia

and when people became anxious or upset support was provided appropriately.

A number of staff working at Bendigo Nursing Home had done so for some years, this meant that people had continuity of care from staff they knew well. For new staff an induction programme was in place to ensure new starters received the appropriate training, support and guidance to enable them to provide safe and effective care to meet people's needs. New staff were able to shadow a current staff member until they were deemed competent and confident to provide care.

A clear structure was in place to ensure staff received regular supervision and appraisals. Supervisions were documented and staff knew when they were due to take place. Staff told us they felt supported by the registered and deputy manager and communication was 'Very good'. Staff felt supported and involved in the day to day running of the home, telling us any changes were discussed and information shared at meetings and handovers. Staff told us feedback was listened to and suggestions taken seriously, this made them feel involved and encouraged to continually improve the service. One example of this was a suggestion by staff to make improvements to the handover information. The RN told us this suggestion was immediately responded to by the registered manager who researched and incorporated the change into the handover format.

People were supported to maintain a balanced and nutritious diet. People's weight and nutritional intake were regularly monitored when necessary and we saw that referrals had been made to other health professionals in the past if people's nutritional intake was reduced or staff had any concerns around people's eating and drinking. Everyone told us they enjoyed the meals provided. Visitors told us the food always looked very good. We spoke to the chef who explained how staff asked people what they would like to eat each day. There was a five week menu offering a variety of choices and alternatives available for people. Staff and the chef knew people well and told us who had special dietary requirements. This included any allergies and who required a diabetic or soft consistency meal and meal size preferences.

To help people make daily food and meal choices menu plans were available and photographs of the home's meals to assist people to choose and express their preferences with regards to food and drinks they would like to have. Snacks were provided in people's rooms and people had access to fruit and biscuits when they wished. Fruit snacks were encouraged and hot and cold drinks including soup were available in the lounge at all times. Alcoholic beverages were also available including white or red wine and sherry for people to have at meal times or when they chose. People had access to food at all times. Meal times could be flexible to accommodate people's preferences. When people went out, a meal could be provided for them on their return.

Bendigo Nursing Home did not have a dining room. People were made aware of this before they moved into the home. People chose either to sit in the lounge in armchairs and have their meals using an adjustable table, or eat their meals in their rooms. People we asked did not express any concerns with the eating arrangements. We saw that meals were provided individually and when people requested a change or alternative this was provided.

Is the service caring?

Our findings

People told us they were happy living at Bendigo Nursing Home. We were told, "I'm happy, very happy being looked after the way I am." And, "Aren't I lucky I'm the way I am, I can do what I can do, and if I need help I am looked after." Relatives told us that staff were, "Spectacularly good." And, "All staff show exceptional levels of caring."

People appeared relaxed and content spending time in the communal areas or in their own rooms. There was one to one activities, conversation, and music playing in the lounge. The overall atmosphere was relaxed and homely. Staff popped into people's rooms regularly to ensure they had everything they needed and chatted to people sat in communal areas. There was a clear respect shown by staff when providing care to people and an open and engaging atmosphere. People responded to staff in a positive way and clearly enjoyed this interaction. People were actively encouraged to make choices and were encouraged to spend time how and where they chose. The emphasis of the home was to provide care with dignity, respect and compassion.

People received care which ensured their dignity was maintained and supported at all times. Staff had a good knowledge on how to provide care taking into consideration people's personal preferences. When person needed assistance with moving, equipment was provided and care staff spoke with the person throughout, offering guidance and support to ensure the experience was calm and did not cause any distress for the individual. The person was discretely covered by a blanket to prevent any risk to their dignity as this was in a communal area. At meal times people were offered a 'cloth protector' if they wished to use this as a napkin. This was a dignified way to protect clothing without making it obvious who may be at risk of spilling food whilst eating. People were supported to dress the way they chose. One lady told us "I love my jewellery," and told us about the jewellery they were wearing and how staff helped her to put on the jewellery she chose when she got dressed in the morning. When people needed assistance to the toilet this was done promptly and discretely. If people chose to return to their rooms for a rest, signs were put on doors to remind people to be quiet, or not disturb them.

The registered manager told us they had considered new ways to promote dignity and independence for people. This included looking at ways to enable people to access bathrooms and showers and be able to return to their rooms to dress at their own pace. Bath robes had been provided for people, this meant if people wanted to go to the shower room or bathroom and return to their room to get dressed in their own time they could do so discretely, like you may at home or at a hotel. Also when people got up in the morning they could put the robe on until after breakfast or whilst they shaved, or did their hair and make-up. A decision had been made that staff would not wear formal uniforms. This was decided after the manager researched that uniforms could cause distress and make people feel institutionalised. Staff were smartly dressed and people knew staff well, staff wore name badges and were easily identifiable for visitors.

When people had memory loss or dementia, relatives told us that staff treated people with patience. Offering reassurance when they became confused or anxious. Relatives felt that staff understanding of how to support people was excellent. One told us, "Even though she is often in bed, staff always ensure she's well

dressed with her hair tidy and nice clean clothes on".

Relatives told us the improvement in their loved one after they moved to Bendigo Nursing Home was quite obvious. Staff told us about a person who had been described as in need of 'end of life care' when they moved into Bendigo Nursing Home and at that time they were unable to mobilise independently and stayed in their room. Over time they had greatly improved with support and encouragement of staff and now mobilised with a Zimmer frame and came to the communal lounge every day for meals and went out on trips with family. Although still needing nursing care, staff told us they no longer considered this person to be in need of palliative care.

Relatives told us that they were welcome at any time and encouraged to visit. We spoke to visiting health professionals who visited the home. They gave very positive feedback about the manager, staff and overall feeling of the home. Everyone we spoke with told us that Bendigo Nursing Home was a relaxed and homely place to visit.

Is the service responsive?

Our findings

People and relatives told us the manager and staff were responsive. Relatives felt they were kept well informed about any changes and were always contacted if someone became unwell. People felt involved and supported to arrange appointments if they needed to. People felt that staff supported them to attend activities or to do things that they wanted to do.

There was a clear system in place to assess, document and review care needs. Care files included personalised care planning and risk assessments. Information had been sought from people, their next of kin or significant people involved in their care. This meant that documentation was very individualised. We saw that all files contained detailed information about what was important to a person, would make a good or bad day for them and information about people's personality, values, lifestyle and personal choices, emotional and spiritual needs.

People with specific health needs had information in the care plans to inform staff how to provide effective care. Every care file had a summary of needs and risks assessed. The prominence throughout was to ensure the individual was involved in all decisions, for example one person liked to sleep late in the morning and would let staff know when they were ready to get up. The emphasis was to ensure that people remained as independent as possible with clear up to date information about people's personalities, behaviours, likes and dislikes, background, including family, significant life events and a family tree.

One person had been identified as at risk of social isolation as they did not like to leave their room very often to participate in group events or activities. However this was the person's individual choice and although staff respected this they ensured that they let the person know each day what was happening in the home and asked if they would like to attend. We saw staff regularly go and check this person was ok, and stop and chat to them in their room. We saw that the person responded positively to this and was responsive to people visiting them. They told us they liked people to come and see them but preferred to be in their room rather than go to the communal areas.

People were supported to be in control of their health needs and to ask for care and support when needed. For example, one person had a catheter and was able to tell staff when they needed assistance with this. Their care plan clearly stated that they liked to remain in control and knew when treatment was needed and staff were to respect this.

All care documentation and risk assessments were reviewed by the registered or deputy manager to ensure information was relevant and up to date. This included regular auditing to ensure high standards of documentation were maintained. Any changes to people's health or care needs were promptly updated and information shared with staff at handover. All staff told us they read care plans and care documentation regularly and were aware of any relevant information about people.

There was a programme of activities available for people. This was displayed and a copy provided in people's rooms. This meant people knew what was planned and could decide if they wished to participate.

Activities included regular visiting entertainers and daily in house activities facilitated by staff which people could attend if they chose. People told us they had something to do throughout the day if they were not busy doing their own things. We saw that this included reading, sewing, listening to music, watching television and trips out with family. Organised trips had taken place, this included visits to the local theatres as requested by people. People who wished to attend religious services were supported to do so. People gave positive feedback about a regular visiting activity person. Activities were reviewed and feedback sought from people to see what activities had been successful. There was access to a well maintained garden which people told us they enjoyed in nice weather. The home had a beauty salon which had been provided in an adapted bathroom. This had been made to look like a real salon with a hairdressing sink, manicure trolley and mirrors. Staff said this was to give people the whole experience of a trip to the hairdresser. People had been encouraged to maintain community links and 'Your vote matters, don't lose it' information was available for people, Postal voting had been arranged for people who preferred it or would be unable to attend a polling station to place their vote.

A complaints policy and procedure was in place and displayed in the building a copy provided in room folders. People told us that they would be happy to raise concerns and would speak to staff or management if they needed to. There were no on-going complaints at the time of the inspection. The registered manager understood the importance of ensuring even informal concerns were documented to ensure all actions taken by the service were clear and robust. Everyone we spoke with told us the registered manager had an 'open door' policy and people confirmed they would be happy to raise any concerns with the manager if they needed to.

Is the service well-led?

Our findings

Everyone we spoke to at the home shared the same ethos which was to provide high quality care to people. It was important to the manager and staff that this was done whilst maintaining a relaxed homely atmosphere for people living at Bendigo Nursing Home. People held the registered manager in the highest respect. Telling us, "I'm well looked after, thank you." And, "The manager and staff are all lovely." A relative told us, "(the manager) has a complete overview of everything, its disciplined to ensure that it's the highest standards at all times."

The visions and values of the home were displayed around the building and in peoples care folders. Staff told us the importance of these and how they incorporated these values into every day when providing care for people. The vision included to create a homely environment in a culture of openness and transparency, with values promoted to ensure that the care, treatments and support people received were safe, appropriate and positively balanced to meeting people's needs whilst respecting their wishes and preferences. The ethos of care shared by the management and staff was to ensure people's individuality and independence where always foremost when considering how to provide care.

The registered manager demonstrated a clear understanding of their role and responsibilities. They supported all staff to ensure that care was person centred, with a real emphasis on always putting the person first and foremost. This was seen during observations between staff and people and further supported in the way peoples care records were written. The manager worked full time at the home and told us they worked varying hours to ensure they had a clear picture of how the home ran at all times. The manager demonstrated a good knowledge and understanding of people, their needs and choices. They worked closely with the deputy manager and RNs to ensure that people's nursing needs were met and reviewed when needed with an aim to encourage continuous improvement by expecting high quality standards of care from staff at all times. They strove to ensure the service was open and transparent and welcomed comments and suggestions from people and staff to take the service forward and make continued improvements.

The registered manager continually strove to ensure excellence by sourcing research and through consultation with other health professionals; for example, the manager aimed to support staff to ensure they received appropriate training around dementia and that people living at Bendigo were supported to understand their rights. This included welcoming the local authority to come and meet people and visitors and share information about how the local authority safeguards people living in a care environment. Audits and reports completed by CQC and the local authority Quality Monitoring Officer (QMO) were displayed for people to see.

Staff told us manager was always looking at ways to develop and improve, incorporating innovative ideas to increase the overall positive experience for people living at Bendigo Nursing Home and for staff. The latest implemented change had been to have small computer screens in communal rooms and hallways which showed information for people about services provided by the home, how to raise concerns, safeguarding, meals and many other aspects of the day to day running of the home. The registered manager told us it was

important for people and visitors to be kept informed.

Everyone told us that the home was well managed. Staff told us, "I love my job, the home is very well organised and we have a really supportive manager". And, "The manager is firm in her management role, but is also incredibly kind and supportive and has made amazing improvements."

Staff had a log in and out system which gave an accurate picture of hours worked. The registered manager told us they would not allow staff to work more than 48 hours a week as this impacted on concentration. The deputy manager told us they were given allocated administration time to update care plans and ensure all relevant information was reviewed.

There was a robust system in place to assess and monitor the quality of the service. Including weekly, monthly, quarterly and annual audits, reviews, health and safety checks and policy reviews. This included all aspects of safety, security and health care. These were detailed on a schedule with any findings recorded and fed back to people. The response was proactive, any areas which needed to be addressed were noted promptly and actions taken to rectify or improve. Regular reviews of care documentation and risk assessments were completed; these included all aspects of care delivery and documentation for example, medicines, environment and infection control, nutrition, accidents, incidents and falls.

Feedback had been sought in the form of surveys given to people, their relatives, visitors and visiting professionals and the home had received positive feedback from both relatives and visiting professionals. The findings of these surveys had been analysed and made available for people. This showed the responses in percentage and by cake graph to allow people to see the areas identified as outstanding, good, requiring improvement or inadequate. An annual service audit looked at what Bendigo Nursing Home had done in the last 12 months to improve people's daily living, safety and quality of life. To promote staff motivation the home has an employee of the month scheme where everybody can vote including the residents.

Residents and relatives meetings took place. Minutes showed that these had been used to share information on changes and forthcoming events and gain feedback on activities and outings. A regular programme of staff meetings was seen. These were chaired by the registered manager and looked at training attended and how staff could apply this into everyday practice. This included sharing learning around dementia, understanding the five key principles of MCA, dignity and improvements to hand written documentation.

Policies and procedures were available for staff to support practice. There was a whistle blowing policy and staff were aware of their responsibility to report any bad practice. The registered and deputy manager had a good understanding around 'duty of candour' and the importance of being open and transparent and involving people when things happened. The registered manager told us that they were always keen to learn from incidents to improve future practice.

Staff were aware of the policies and were aware that these underpinned safe practice. Policies and changes to procedure were discussed during supervision and at meetings to ensure everyone was aware if changes occurred.

Registration requirements were met and the manager ensured that notifications were sent to us and other outside agencies when required.