

The Court Retirement Residence

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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

About the service

The Court Retirement Residence is a residential care home providing personal and nursing care to 16 people aged 18 and over at the time of the inspection. The service can support up to 21 people in one adapted building.

People's experience of using this service and what we found

Significant improvements had been made in all aspects of the management of the service since the last inspection. The management team were working to ensure the improvements were embedded. A comprehensive quality assurance programme had been introduced, and a review of job roles and responsibilities was improving monitoring and accountability. There was an open, transparent and positive culture at the service. Staff told us they felt valued and part of a dedicated team.

People felt safe living at The Court. Staff were recruited safely, and safeguarding processes were in place to help protect people from abuse. Risks associated with people's care had been assessed and guidance was in place for staff to follow. Care plans were detailed, person centred and reviewed regularly with people and their relatives where appropriate. There were systems in place to ensure information about any changes in people's needs was shared promptly across the staff team.

People received their medicines safely, and in the way prescribed for them. The provider had good systems to manage safeguarding concerns, accidents, infection control and environmental safety.

People were supported by sufficient numbers of suitably trained, competent and skilled staff. This meant their healthcare and nutritional needs were met. External professionals were complimentary about how the service worked in partnership with them.

People enjoyed a wide range of activities which reduced anxiety and depression and supported their cognitive functioning. A relative said, "My [family member] is doing more here than ever before. Reading for the first time in eighteen months. They were joining in making Halloween masks when we came in."

People lived in a homely environment which promoted their dignity and well being. A renovation programme was in progress with people contributing to the choice of décor and colour schemes.

Staff were caring and kind and had developed positive and meaningful relationships with people. People were respected, included in decisions, and their privacy and independence promoted. The care provided was sensitive to people's diverse needs. All information was available in an accessible format, which meant people could make a meaningful contribution to their community.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for this service was requires improvement (published 22 October 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

We have made a recommendation about the use of orientation aids to promote the independence of people living with dementia.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Court Retirement Residence

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Court Retirement Residence is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, office manager, senior care workers, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found, related to communication with relatives and the management of safeguarding concerns. We had additional feedback from three relatives and four professionals who visit the service. We reviewed feedback about the service posted on www.carehome.co.uk

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection there was a lack of robust pressure care management which placed people at risk of pressure damage. This is a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Effective measures were in place to protect people from a range of risks, including those related to pressure damage. This meant risks were well managed and there were no people with pressure ulcers living at the service.
- Risks had been assessed including risks related to nutrition, falls, skin breakdown and moving and handling. This information informed the development of care plans, such as pressure area care plans, with clear guidance for staff.
- Staff monitored people's risks using body maps and charts documenting food, fluid, and repositioning. The registered manager told us they used paper records rather than the computerised care planning system, because they were easier to audit.
- Information about any changes in people's needs or risks was shared promptly across the entire staff team at handover meetings.
- Equipment such as pressure relieving mattresses was in place and closely monitored to ensure it was at the right setting for the person.
- People with the most complex needs lived on the ground floor, enabling staff to monitor their well being more frequently as they passed.
- Staff had undertaken relevant training and staff meeting minutes reinforced the importance of effective skin care.
- External health professionals confirmed staff worked alongside them to manage risks, and this resulted in good outcomes for people.
- The registered manager carried out regular health and safety checks to ensure the premises were always safe and there were no hazards to people's health and wellbeing. Staff had completed fire safety and health and safety training, and emergency plans were in place to ensure people were protected in the event of a fire.

Staffing and recruitment

At our last inspection we recommended the provider sought advice and guidance from a reputable source on ways of measuring people's dependency and determining safe staffing levels. The provider had made improvements.

- There were enough staff available to support people and meet their care needs. One person commented, "I press this (pendant alarm), one or two come running. It all depends if they're busy you've got to take your turn, I've never been kept waiting." Another person said, "There's two [care workers] on at nights, they called in on me three times last night."
- The registered manager measured people's dependency needs to determine staffing levels using a tool recommended by the local authority quality assurance and improvement team (QAIT). The registered manager had recruited more staff than the tool suggested. Staff meeting minutes stated, "While it is recognised we could have less staff (evidenced by the dependency tool), it's recognised that to deliver the care and achieve what we are aiming to achieve, the ratio will be lowered. This ensures that care is not rushed, and residents are given the choice."
- No agency care staff were employed. This meant people were supported by a consistent and stable team, as shifts could be covered by existing staff.
- The provider ensured all new staff were thoroughly checked to make sure they were suitable to work at the service. This included obtaining references, checking identification, employment history and criminal records checks with the Disclosure and Barring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. One person said, "They're lovely [the staff], every one of them. I tease them, they're lovely here.", A relative told us, "When I went to the doctors this week, they wanted to know what was different in my life as my blood pressure had gone down. It's knowing [my family member] is safe here and we can trust them here."
- There was a safeguarding policy in place which contained clear information about how to report a safeguarding concern. All staff undertook training in how to recognise and report abuse and had a clear understanding of the actions required to protect people.
- Staff told us they would have no hesitation in reporting any concerns and were confident that action would be taken to protect people. Safeguarding concerns had been escalated appropriately

Using medicines safely

- Since the last inspection, the registered manager had reviewed and improved the medicines administration processes. There were suitable systems in place for the storage, ordering, administering, monitoring and disposal of medicines. This ensured people received their medicines safely, and in the way prescribed for them.
- Staff training had been improved. Staff received medicines training and competency checks had been completed to make sure they gave medicines safely.
- Guidance was in place for staff to make sure any medicines prescribed to be given 'when required' were administered to people when appropriate.
- Creams and other external preparations were managed safely. Guidance was available for care staff to be able to use these correctly when needed, and records were kept when products were applied.
- Some people were safely supported to look after their own medicines. This helped to promote their independence. One person said, "I do it myself. It's locked in the cabinet (pointing to a locked cabinet on the wall of their room)"
- Regular medicines audits were completed. These identified any necessary actions which were put in place to improve the way medicines were managed.

Preventing and controlling infection

- Good infection control practice was in place. This helped maintain a clean and odour free environment.
- Staff had received training and followed the provider's infection prevention and control policy and procedure to ensure people were protected from the risk of infections spreading.
- A domestic staff team carried out a comprehensive cleaning regime. It was reviewed regularly by the registered manager to ensure its effectiveness.

Learning lessons when things go wrong

- The provider and management team were proactive in learning from significant events and taking action to minimise the risk of recurrence. For example, they had taken on board the feedback from the last inspection and worked hard to address the concerns raised. They had been open with people, their relatives and the staff team about where the service needed to improve, and what was required to make this happen.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection we recommended that more robust, formal communication to staff of people's needs was put in place and that care plans were used as working documents to inform care delivery. The provider had made improvements and this recommendation had been addressed.

- People's needs were assessed prior to them being provided with a service. This ensured their needs and choices could be fully met before they came to live at the home. The assessments were completed with the person, their relatives and significant others who knew the person best. They included cultural, religious and recreational needs and preferences. A full review of medicines was carried out. One person told us, "I filled in a comprehensive form, about 20 pages."
- The service policy was for the care plan to be developed within 14 days of the person moving to The Court following the assessment. The registered manager told us it was ready on arrival. This meant the staff team had the information they needed to give them an understanding of how to meet the person's needs from the beginning of their stay.

Adapting service, design, decoration to meet people's needs

- Some people were living with dementia. People identified their rooms by the room number, the name they preferred to be called by, and their photograph on the door. However, there was little pictorial signage to help them find their way around the building independently. We discussed this with the registered manager who did not feel people required this currently. They were also concerned it would make the home feel institutional.

We recommend the provider consider current guidance on using signage and orientation aids to promote the independence of people living with dementia.

Staff support: induction, training, skills and experience

- People, their relatives and external health professionals were positive about the knowledge and skills of staff. Relatives commented, "They've done fantastically, it's amazing. We thank our stars [our family member] moved here. Within a week they have put on two and a half kilos and you can now have a conversation with them. They are now opening books, feeding themselves and holding a cup" and, "I am completely satisfied and pleased with the high level of care and support that is given to my family member."
- The registered manager had reviewed the induction and training programme since the last inspection and

made improvements. The induction included new staff shadowing experienced members of staff and completing the care certificate (a nationally agreed set of standards for care workers). Staff told us the induction equipped them for their role and they felt well supported.

- Staff completed ongoing on-line mandatory training to ensure they could meet people's needs. Topics included moving and handling, infection prevention and control, safeguarding adults and falls prevention. More specialist face to face training was provided by external health care professionals, for example related to nutrition, dysphagia and oral health and pressure area care. Feedback stated, "Staff at The Court have continued to engage with our team, booking on to some of our workshops and requesting information on other services that provide specific education."
- Staff had regular observations of their practice, supervisions and annual appraisals during which they received feedback and identified areas for development.
- Staff were encouraged to continue with their professional development and gain other nationally recognised qualifications relevant to their jobs.

Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager had been proactive in improving people's nutrition and hydration. Drinks were readily available, including a selection of fresh juices in the reception area and a regular tea trolley. The dining experience had been improved through changes to the menu, décor, tableware and ambience. This meant there was a significant increase in the number of people coming to the dining room to eat and socialise. Staff meeting minutes stated, "[Meal times] need to be looked at as a time when residents come together like a family."
- People and relatives were very positive about the quality of the food and the choices available. Comments included, "We've got a new chef, this one is excellent. Most of it is homemade. There is a choice for every meal now" and, "[Family member] had scrambled eggs on toast for breakfast followed by cornflakes. Then later fish pie, and yoghurt. They are doing really well and putting on weight now."
- People's weights were monitored. There was a monthly 'weigh in', and people received a certificate and reward to encourage them to maintain a weight which was healthy for them.
- Care plans held information about people's dietary needs, including likes and dislikes, and these were well known by the chef.
- Referrals had been made to external health professionals such as the dietician and speech and language team (SALT) if there were concerns about weight loss or choking. Their guidance was followed.

Staff working with other agencies to provide consistent, effective, timely care

- A health professional described how staff had worked effectively with them to support people with rehabilitation, enabling them to return home after a hospital stay. They told us, "There is good communication and care planning. They let us know if there are any issues. They are very approachable and helpful."
- Records showed staff worked with a range of community professionals to maintain and promote people's health, including GP's, community nurses, the hospital rehabilitation team and dentist. People were supported to attend hospital appointments if required. One person told us, "I decided yesterday I needed to see a Doctor, they've asked him and said he will be here later."
- Oral health care assessments and care plans were completed. This ensured staff knew what level of assistance people needed, and how to provide it.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had training in the MCA and understood how it linked to their practice. This meant people were routinely involved in decisions about their care; staff sought people's consent and supported them to have choice and control over all aspects of their support.
- People's rights were protected; staff assessed people's mental capacity and made best interest decisions when needed.
- Care plans recorded if relatives had the legal authority to be involved in decisions relating to health and welfare or finances.
- The service had referred people for an assessment under DoLS as required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection we recommended that the provider conducted an audit of the premises to ensure that people were living in a homely environment that promoted their dignity and wellbeing in the way that they wished. The provider had made improvements and the recommendation had been addressed.

- The environment was comfortable and homely. A renovation programme was in progress with people contributing to the choice of décor and colour schemes. The dining room had been refurbished with new flooring and furniture. People's bedrooms were being redecorated, with new furniture for every person moving into the home.
- Consideration had been given to how the environment could promote people's dignity. For example 'Please make up my room' and 'Personal care in progress' signs were on people's doors to denote when they did not wish to be disturbed. A privacy screen in the lounge meant people could choose to be assisted there by staff, where appropriate, without having to return to their rooms.
- People told us staff were kind and caring. Comments included; "Everybody's on Christian name (terms), 'I'm an independent person. If you are down, they (staff) will talk to you, nothings ever too much trouble for them" and, "They (staff) know me too well, I think. I have appreciation for what they do for me, it's not a job I would like to do."
- Staff ensured people received the support they needed during difficult times in their lives, for example when experiencing a bereavement or admission to hospital. The registered manager described how they had supported one person during a hospital stay saying, "They needed a familiar face, someone who knew them and could promote their nutrition and hydration. It got them out of hospital quicker. It makes a massive difference."
- We observed warm interactions between people and staff. Staff gave people the time and support they needed and knelt by their side when speaking with them, so they were on the same level. Staff, including the registered manager, socialised and ate with people at lunchtime.
- The registered manager was proactive in ensuring that an equality, diversity and human rights approach was firmly embedded at the service. For example, they had emailed staff to remind them of the importance of language, stating, "Address people by their name – unless otherwise stated in the care plan. Do not call any resident that requires assistance with eating a 'feed', you are not going to feed them, you're assisting them."

Supporting people to express their views and be involved in making decisions about their care

- People, with their relatives, were treated as active partners in their care. They had a voice and opportunities to express their views about the running of the service and the support they received. One person said, "If you want something you just ask for it and get it, they (staff) sort it out straight away. I read, there is never a time when they don't bring me books."
- People told us they attended residents meetings, saying, "I go quite often, it's an opportunity to voice your opinions."
- People and their relatives could keep up to date with activities and developments at the service through a dedicated page on social media. People had given their consent for photographs to be shared. Written feedback stated, "I particularly like the home's social media page as I can check in regularly and see what the residents have been up to lately. My [family member] always appears to be happy and engaged in the photos of the activities that they are participating in."
- People and their relatives were asked for their views of the service through annual quality assurance questionnaires.
- Relatives felt welcome at the service and were consulted and involved in aspects of their family member's care as appropriate. One relative said, "Everybody speaks to us and is friendly and welcoming. They let us stay to lunch as we have a distance to travel." Some relatives, especially those unable to visit frequently, expressed a wish for more information about events and the welfare of their family member, which we fed back to the registered manager.

Respecting and promoting people's privacy, dignity and independence

- People told us staff always ensured their privacy and dignity was respected, for example knocking before entering, closing curtains and covering them with a towel while supporting with personal care. One person said, "They put the screens up. Always knock, they know me."
- People valued their independence and staff listened to their opinions and acted upon their wishes. Staff explained how they offered people choices and explained what they were doing at all times. People confirmed this helped them to feel in control. A relative told us, "My [family member] is fiercely independent and will react to being patronised, but they have not experienced that at the Court and so they are mutually respectful with the staff. Since my [family member] arrived at the Court, the staff have quickly learnt about who they are as an individual, their likes and dislikes."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we found inadequate care planning records put people at risk of not being cared for in line with their needs or preferences. This was a breach of Regulation 17 (Good Governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection all care plans and risk assessments had been reviewed to ensure they reflected people's needs and preferences. They continued to be reviewed regularly with people and their relatives, where appropriate, to ensure their continued accuracy. A relative confirmed, "I have been invited on many occasions to be a part of reviewing and discussing my [family members] continuing care plan."
- Care plans contained detailed guidance to support staff to understand and meet people's needs. For example, "Should I experience hallucinations, carers need to offer assistance. If I tell you there is someone in my room, offer to check my room and reassure me no one's there now."
- Staff had been offered training to support them in writing care plans. They told us, "We want care plans to be very person centred. We read all of them. All about them, their wishes, what they would like and what time they would like to do things."
- Staff, including newly recruited staff, knew people well and had a clear understanding of each person's needs and preferences. People had a key worker, who acted as key point of contact for the person and others important to them, providing continuity and further promoting the provision of personalised care.
- Information about any changes in people's needs was shared at the staff handover. In addition the management team sent staff a weekly update by email, with hidden quiz questions and a prize to ensure it was read by all staff. For example, "How old is the person in room 7? What's [X's] favourite drink? What is the duty of candour in seven words?"

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we found the lack of meaningful, personalised and regular activity did not ensure that people's social and leisure needs were met and is a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person Centred Care.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- There was a stronger focus on using activity and mental stimulation to reduce anxiety and depression and maintain cognitive functioning. A relative said, "My [family member] is doing more here than ever before. Reading for the first time in eighteen months. They were joining in making Halloween masks when we came in."
- An activities co-ordinator was in post, with a second co-ordinator being recruited. They had introduced a seven day activity programme, developed according to people's interests. There had been a positive impact on people's well being. The registered manager told us, "It's so nice to see the residents happy. No one wanted to socialise before. Now everyone wants to come out and join in the activities."
- A wide range of activities took place within the home, out in the community and on an individual basis in people's rooms. This included visits from the donkey sanctuary, choirs, flower arranging, pop up shops, hand massage, and fragrances to prompt reminiscence. People were also encouraged to play an active role in the running of the home, helping to peel vegetables for lunch, for example.
- There was an emphasis on supporting people to be part of their local community, for example going to watch matches at Exeter City football club, shopping, or to the beach for an ice cream. People told us, "They've taken us to Ottery memory club. I join in when I want to" and, "I go to Exeter Military Café each week; they speak my language. It's two hours well spent." Children from nearby schools visited, and students supported by a charity to gain experience of the care sector. Local residents were invited to events at the home, such as the bonfire night celebrations.
- People were supported to follow their chosen faith, which was identified in their initial assessment. The service had developed strong links with the neighbouring church and had contributed to levelling the flag stones in the church yard, so it was accessible for people.
- People joined in with the activities as much or as little as they wished. A relative told us, "My [family member], personally, does not wish to engage with many of the activities because they have always preferred to do their own thing. The staff always encourage them, however, but always respect and accept their decision to say 'no thank you'. Sometimes, they will say yes and watch whatever is going on, then the staff take them back to their room when they request to go."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was an Accessible Information policy at the service. People's communication needs were assessed when they moved into the home, and information could be provided in different formats if requested.
- Staff were aware of how people communicated and supported them to access information if required. The registered manager had emailed them the policy on Accessible Information, and tested their knowledge in a quiz.
- Care records contained information explaining how people communicated and the support they needed. For example, "Ensure I keep my memory aids with me at all times. Consider providing memory aids, such as picture/prompt cards, memory albums or other media to assist my recollection where possible."

End of life care and support

- The service was committed to ensuring people received the support they needed at the end of their lives to have a comfortable and dignified death in the best place for them. One person, whose family member had passed away at the service, described how the management team had supported them both. "[Registered manager] calls in anytime and has a chat. They nursed my [family member], they spent hours

with them. They came during the night sometimes. The other manager came as well. They are as good as gold."

- The management team were considering how to support people and their families to discuss their preferences and choices for end of life care. This had proved challenging as people found this topic difficult. They told us, "It's important for us to get it right."

Improving care quality in response to complaints or concerns

- There was a complaints policy and process in place. People and their relatives told us they knew how to make a complaint and were confident they would be listened to and action taken. Comments included, "Yes, I am aware of complaint procedures, but I have never had any reason to make a complaint. On few occasions, I have made some requests for resources, which were dealt with efficiently and promptly."

- Staff were encouraged to reflect and learn from complaints and concerns. Meeting minutes reminded them, "It is very important to note complaints and concerns as this is how as a home we will learn. Complaints then turn into compliments. It's about being proactive rather than constant firefighting."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found quality assurance processes were ineffective and did not promote ongoing improvement. This was a breach of Regulation 17 (Good Governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had been in post for six months at the time of this inspection. They , had made significant improvements in all aspects of the management of the service, and were working to ensure they were embedded.. Written on-line feedback from a relative stated, "The work that the home has achieved in such a small amount of time is incredible, all the team should be very proud."
- There was now an effective quality assurance programme in place, incorporating feedback from a range of sources including people, relatives, staff, audits, complaints and compliments. Action had been taken in response to the findings, for example improvements to care plans, medication administration processes, staff training, activities and infection prevention measures. Accidents, incidents and safeguarding concerns were analysed to identify any wider actions necessary to keep people safe.
- The registered manager had increased monitoring of staff practice by introducing spot checks and formal observations, which were then discussed in staff supervision. They were highly visible at the service, monitoring what was happening on a day to day basis. A member of staff said, "[Managers name] comes in early and helps out with shifts. They are always available. The residents will ask for [the manager] and we can go to them with any concerns."
- The staffing structure and job roles had been reviewed to improve monitoring and accountability. Senior staff had received management training, and had greater responsibility for the day to day running of the home, care planning and supporting care workers. They were also able to cover for the senior management team in their absence.
- All policies and procedures had been reviewed and updated to ensure they were meaningful and relevant to the service. The management team encouraged staff to read them, by quizzing them on what they had learnt.
- The provider lived on the premises and was very involved in the service day to day. They also had a role as the relief cook. The registered manager told us, "[Provider's name] cares so much for how people are

treated. It's not a money making exercise, it's about quality of life for residents. This is a family, not a business."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People, relatives, staff and health professionals spoke highly of the management team. Staff told us they felt well supported on a professional and personal level. One person said, "They're lovely here, so are the two bosses, they're marvellous. They will do anything for you."
- The registered manager recognised that previously there was a 'blame culture' and had successfully encouraged staff to work together as a team. Staff told us, "Everyone here loves their job. We work really well as a staff team. It's better now. There's a fresh energy about it."
- The registered manager and staff team were passionate about enabling the people at The Court to take positive risks and live active and fulfilled lives. The registered manager said, "If someone wants to skydive, we will make it happen."
- There was an open and transparent culture at the service. Staff were kept informed about where improvements were needed and the progress being made. Positive feedback from visiting professionals was shared at the staff meeting. The minutes stated, "A very big well done to all the team...the team have embraced change and are all doing very well at moving the home in the right direction."
- The service met its regulatory requirements to provide us with statutory notifications as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team were proactively seeking ways to engage and involve people, relatives and staff in the development of the service. A relative told us, "The managers are consistently keen to find ways of improving the service and value all feedback and suggestions from the staff, the residents and their families."
- Twice yearly quality assurance surveys had been introduced, to gather the views of people and their relatives. The registered manager also took note of reviews of the service posted on a care home review website. Regular meetings were held where people were updated about developments, and a newsletter was planned. Relatives were invited to 'follow' the service on social media, where information and photographs of activities and events were shared.
- Staff had a voice in the running of the service. For example, one member of staff told us how the training and equipment provided to support people with repositioning had improved at their suggestion. The registered manager said, "I'm very open in staff meetings, and push for staff to make suggestions, and at their annual appraisals as well. I ask them if they have any skills we don't utilise. Then we pull all the suggestions together and discuss any barriers to actioning them at the next team meeting."
- The service had developed extremely positive links with the local community, and the registered manager continued to build on this. A person they had met at a local business forum was coming to do a 'curry and a pint' night. Requests on social media resulted in a dance troupe coming to perform, and a donation of lego for someone who enjoyed building with it. Children from local schools and groups visited for easter egg hunts, to read stories and play chess. A local wedding venue donated their flowers for people to enjoy.

Continuous learning and improving care. Working in partnership with others

- The registered manager was committed to improving knowledge and learning about best practice and sharing this with staff. They had worked with the local authority quality assurance and improvement team to improve quality and safety. They attended national and local forums, such as the Care Show and the local kitemark group for providers. They also accessed on line information, such as the Skills for Care and the CQC

websites, reading the reports of 'outstanding' services to gain an insight into what this rating meant in practice.