The Koppers Care Limited

The Koppers Residential Home

Inspection report

The Street
Kilmington
Axminster
Devon
EX13 7RJ

Tel: 0129732427
Website: www.thekoppers.co.uk

Date of inspection visit:
07 August 2018
09 August 2018

Date of publication:
31 August 2018

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

This comprehensive inspection took place on the 7 and 9 August 2018. The first day was unannounced. The Koppers provides accommodation and personal care. Any nursing needs are met through community nursing services. The service can accommodate up to 24 people in a detached three storey building in the village of Kilmington near Axminster. People had access to the first two floors with the use of a stair lift. There is a large lounge/dining room, quiet lounge and a conservatory for people to sit privately or with others. There is an accessible courtyard and gardens for people to use. There were 21 people living at the home at the time of the inspection. One of these was staying at the service for a period of respite (planned or emergency temporary care provided to people who require short term support).

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

We had previously carried out a comprehensive inspection in October 2016 and rated the service as Good in all domains. We returned in June 2017 and carried out an unannounced focused inspection because of concerns we had received about the safe running of the service. We looked at the key questions; 'Is the service safe?' is the service effective?' and 'Is the service well led?' This was to ensure people were safe, staff were supported and had the skills to support people and systems were effective to ensure the safe running of the service.

At this focused inspection we found the provider in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 Registration Regulations 2009. This was because they did not have systems or processes established and operating effectively to assess, monitor and improve the quality and safety of the services provided. The provider has legal obligations to submit statutory notifications when certain events, such as a death or injury to a person occurred. These had not always been submitted. This meant CQC changed the rating for the service to Requires Improvement for the safe and well led question and overall from Good to Requires Improvement. Following the inspection we were sent an action plan which set out the actions the provider was going to take. At this inspection we found the provider had made the improvements and were no longer in breach of these regulations.

The service had a new registered manager who was registered with CQC in October 2017. 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. People, relatives and staff said the new registered manager had made a lot of improvements at the home.

The directors were very active at the service and visited at least twice a week. They met with people and staff and completed a director's audit. The provider and registered manager had implemented a number of

quality monitoring systems to review and monitor the service. These included regular audits where any areas of concern were addressed. The registered manager had reviewed all of the provider's policies and procedures to ensure they were up to date and reflected current guidelines. They were instrumental in the implementation of the new computerised system which they used amongst other things to undertake audits, supervisions and reviews. They had worked with staff to improve the team work at the home and a lot of new staff had been recruited. The registered manager recognised there was still more to do. They said, "There are still areas where we need to progress it is work in progress."

The provider submitted statutory notifications as required and provided additional information promptly when requested. The provider had displayed the previous CQC inspection rating at the service and on the provider's website, in accordance with the regulations.

The registered manager was supported by a deputy manager. They were very passionate about people at the service receiving good care. People and relatives said they had confidence in the registered manager and deputy manager and would be happy to speak to them if they had any concerns about the service provided. A health care professional commented, "I feel the combination of leadership by the manager and deputy manager is very good. They lead by example and have an excellent awareness of their clients and families; they make the place feel more like a home than a care setting."

People were protected from unsafe and unsuitable premises. Risks for people were reduced by an effective system to assess and monitor the health and safety risks at the home. People's needs were assessed before admission to the home by the registered manager and these were reviewed on a regular basis. Risk assessments were undertaken for all people to ensure their health needs were identified and met.

There were sufficient and suitable staff to keep people safe and meet their needs. Recruitment checks were carried out. New staff received an induction that gave them the skills and confidence to carry out their role and responsibilities effectively. The registered manager had been working with staff to complete the provider's mandatory training. The staff had a good knowledge of how to safeguard people from abuse.

Care plans reflected people's needs, they were personalised and people had been involved in their development. People were involved in making decisions and planning their own care on a day to day basis. They were referred promptly to health care services when required and received on-going healthcare support. Concerns were raised by some healthcare professionals that their advice was not always followed. We discussed with the registered manager and they said they would implement a better means of communication and monitor it was effective.

There was a complaints procedure in place and people knew how to make a complaint if necessary. There had been no complaints since our last inspection.

People received their medicines in a safe way because they were administered appropriately by suitably qualified staff and there were effective monitoring systems in place. The registered manager and staff were committed to ensuring people experienced end of life care in an individualised and dignified way.

Staff were polite and respectful when supporting people who used the service. Staff supported people to maintain their dignity and were respectful of their privacy. People's relatives and friends were able to visit without being unnecessarily restricted. Residents meetings were held where the registered manager sought people's feedback. The registered manager had sent out surveys to ask people and relatives their views. The results of these had not yet been collated People and staff spoke highly about the registered manager and deputy manager.

Staff felt supported and received regular supervisions with their line managers. The registered manager had scheduled staff annual appraisals to start in September 2018. Staff meetings took place and staff felt able to discuss any issues with the registered manager and deputy manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Improvements had been made in relation to the Mental Capacity Act (MCA) 2005. Where people lacked capacity, mental capacity assessments had been completed. Best interest decisions had been made and involved relevant people but these had not always been recorded.

People were very positive about the food provided at the home. People had access to activities at the service and were encouraged to take part.

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.

There were sufficient staff levels to meet people's needs.

People were protected from risk.

People's medicines were managed so they received them safely and as prescribed.

Staff were aware of signs of abuse and knew how to report concerns and were confident these would be investigated.

Incidents and accidents were recorded and appropriate actions taken.

There were effective recruitment and selection processes in place.

The premises and equipment were managed to keep people safe.

There were effective infection control processes in place.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills they needed to support people's care and treatment needs.

The registered manager had an understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

Staff had received inductions when they started work at the service.

Staff received regular supervisions and annual appraisals were scheduled.

People were supported to eat and drink and had adequate

nutrition to meet their needs.

Is the service caring?

Good

The service was caring.

People and relatives gave positive feedback about the caring nature of the staff.

Staff were caring, friendly and spoke pleasantly to people. They knew people well, visitors were welcomed.

People were able to express their views and be actively involved in making decisions about their care, treatment and support.

Is the service responsive?

Good

The service was responsive.

People received support that was responsive to their needs. Their care needs were regularly reviewed, assessed and recorded.

People's care needs were recognised promptly and they received care when they needed it.

Activities were arranged at the home which people enjoyed.

The provider had a complaints procedure to advise people how to make a complaint.

Is the service well-led?

Good

The service was well led.

There was a new registered manager supported by a deputy manager. There was positive feedback about how they were developing the service.

People, relatives and staff felt the registered manager and deputy manager were always approachable and effective, and they could raise concerns appropriately.

The provider had put in place comprehensive quality assurance systems which identified when improvements were needed.

The providers visited the service regularly and actively sought the views of people and staff at the home.

People's views and suggestions were taken into account to improve the service.	

The Koppers 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 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 comprehensive inspection took place on 7 and 9 August 2018. The first day was unannounced and was carried out by an adult social care inspector. The second day of the inspection was announced and was carried out by the adult social care 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 services for older people.

Prior to the inspection we reviewed information we held about the service, and notifications we had received. A notification is information about important events, which the service is required by law to send us. We also contacted the local Healthwatch team to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also sought feedback from the local authority Quality Assurance Improvement Team (QAIT) to obtain their views as they had been working with the provider to implement new processes.

We met most of the people using the service and spoke with six people to ask their views. We spoke with two visiting relatives. Our observations around the home enabled us to see how staff interacted with people and how care was provided. A number of people using the service were unable to provide detailed feedback about their experience of life at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, deputy manager and with eight staff which included senior care

assistants, care staff, a voluntary activities person, housekeeper and the cook. We also spoke with two of the directors. We looked at three staff records, which included staff recruitment and supervision records. We reviewed three people's care records on the new computerised care system and five people's medicine administration records. We looked at the provider's quality monitoring systems such as audits of medicines, policies, accident records, training records and at health and safety.

We sought feedback from seven health and social care professionals who regularly visited the home. We received a response from three of them.

Good

Is the service safe?

Our findings

At the last focused inspection in June 2017 we found safeguarding issues had not always been reported to the appropriate external agencies. Improvements were needed to ensure the environment was maintained in a safe condition for people living at the service. Risks to individuals were assessed but not always reflected in their care plans as a guide for staff. At this inspection we found the provider had made improvements in these areas.

People were protected from the risks of unsafe and unsuitable premises. There were checks and audits undertaken to ensure the environment was safe. For example water temperature and window restrictor checks and environmental risk assessments. Staff recorded maintenance issues they identified in a maintenance book. The provider used the services of an external contractor to undertake regular maintenance and gardening at the service. They used external companies to regularly service and test moving and handling equipment, fire equipment and stair lift maintenance. Wheelchairs were checked to check footplates, tyres brakes. Any repair needed was carried out or the wheelchair was taken out of use.

The home had plans and procedures in place to safely deal with emergencies. A Personal Emergency Evacuation Plan (PEEP) was available for each person at the service. This provided staff with information about each person's mobility needs and what to do for each person in case of an emergency evacuation of the service. The PEEP's were held on the computerised system and in the fire folder. This meant that the emergency services would be aware of needs of all of the people at the home.

People were protected because risks for each person were identified and managed. Care records contained risk assessments about each person. These identified measures taken to reduce risks as much as possible. These included risk assessments associated with people's nutritional needs, moving and handling, pressure damage and falls. People identified as at an increased risk of skin damage had pressure relieving equipment in place to protect them from developing sores. This included, pressure relieving mattresses on their beds and cushions in their chairs. Staff were required to regularly check mattress settings to ensure they were effective for the person.

People felt safe living at the home and with the staff who supported them. Comments included, "I would not be here if I wasn't happy with it. The moment my sister and I came here we knew it was the right place" and "The only place I feel safe is here. All of them (staff) make me feel safe."

Our observations and discussions with people and staff showed there were sufficient staff on duty to meet people's needs and keep them safe. People and relatives confirmed staff always responded to call bells quickly, which we saw throughout our visit. Comments included, "They come straight up" and "I have a bell and someone comes. No problem with them coming. There always seem to be people when I ring." The registered manager did not use a tool to assess the staff levels. Instead they said they worked alongside staff and were aware if there were any pressures. They gave an example of when they had increased the staff level when one person's behavioural needs had become worse.

The registered manager, deputy manager or a senior care worker worked on each daytime shift. They were supported by four care staff during the morning, three care staff in the afternoon and one care worker at night. There was also two voluntary activity people, a cook and a housekeeper. Regular staff undertook additional shifts to cover staff leave and sickness absence.

The registered manager had worked with staff to improve the team work at the home and a lot of new staff had been recruited. Recruitment and selection processes were in place to help ensure staff were safe to work with vulnerable people. Staff had completed application forms and interviews had been undertaken. Pre-employment checks were done, which included references from previous employers, following up any unexplained employment gaps and Disclosure and Barring Service (DBS) checks were completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures.

Staff were knowledgeable about how to recognise signs of potential abuse and said they were confident any concerns raised with the registered manager and deputy manager would be dealt with. Staff had received safeguarding training. The registered manager was aware of their responsibilities if a safeguarding concern was raised. They had alerted the local authority regarding two safeguarding concerns. One was in relation to a medicine error and the wrong medicine being sent by the pharmacist. The second was an allegation made by a person which occurred prior to them coming to the home. One both occasions the registered manager informed Care Quality Commission (CQC) through the required notifications and worked with the safeguarding team regarding these concerns.

People received their prescribed medicines on time and in a safe way. Senior care staff undertook the medicine administration at the home in a safe way. Staff administering medicines had undertaken medicine training and had their medicine administration practice observed by the management team. There was a safe system in place to monitor receipt, stock and disposal of people's medicines. Medicines at the home were locked away in accordance with the relevant legislation. Medicines which required refrigeration were stored at the recommended temperature. Monthly audits of medicines and a full medicine audit every six months. The last audit in June 2018 identified that they required a pharmacy review. This had been organised. This showed action were taken to address issues identified.

Learning from incidents and accidents took place and appropriate changes were implemented. Staff had recorded all incidents and accidents at the time of the incident on the computerised care system. The registered manager reviewed these to look for trends and patterns in accidents. This was to ensure appropriate action was taken to reduce risks.

People were protected by appropriate control of infection processes in place. The home was clean and homely. There was handwashing signage in communal toilets and bathrooms to guide people to wash their hands. The laundry room was small and a little muddled. However there was a system in place to ensure soiled items were kept separate from clean laundered items. Personal protective equipment (PPE's) such as gloves and aprons were around the home for staff to use. The provider had an infection control policy that was in line with best practice guidance.

Good

Is the service effective?

Our findings

At this inspection we found the service remained Good in this key question. Staff had completed training to ensure they had the right competencies, knowledge and skills to support people at the home. People and relatives said the staff had the skills needed to support them. Comments included, "They do a lot of staff training. I never knew anything about training before, but since (new manager) he keeps people informed" and "I find them very good. They are very helpful." One person said they attended the staff training. They said, "They [the staff] are brilliant. They have regular training and I go to them." They went on to tell us how good the training was and that they had attended training on dementia and health and safety, and was going to attend a mental awareness session.

Staff had undergone an induction when they started work at the service. New staff worked alongside a more experienced member until the registered manager was satisfied they had the skills to work alone. New staff undertook the care certificate which is recommended for new care workers to ensure they have the skills required. The registered manager was a trained trainer and delivered the majority of the training at the home.

The registered manager had been working to make sure all staff had undertaken the provider's mandatory training. They had a training matrix which recorded training staff had undertaken. Staff were positive about the training they had received. One staff member said "(registered manager) does a lot of training. When I don't understand anything I can ask." Another said, "Brilliant, (registered manager) is fantastic at doing it, he will go over it again if needed."

People were supported to eat and drink enough and maintain a balanced diet. People and their relatives were complimentary about the meals at the home. Their comments included, "I don't have any complaint with the food, and it's more than enough… I ask for something different, and they bring it" and "I will eat anything. I like all the food."

The registered manager and new cook after consulting with people had developed a four week menu, with a main meal choice, vegetarian option and a gluten free option. The cook was very knowledgeable about different people's dietary needs, such as who required a special diet and how they accommodated people's individual requirements. The cook said, "The menu is ever evolving, I know what they like." People said they had a choice at breakfast and supper. Comments included, "The chef comes up and asks me what I like and don't like…Anything I want, they will do it for me" and "I have my breakfast downstairs. There is a choice. There's always something you can pick. The other morning it was something I did not like, and I asked for a boiled egg and I got a boiled egg, which I think was excellent." We discussed with the registered manager that there was no formal system to ask people their lunchtime preferences, although the cook knew people's likes and dislikes well. The registered manager said they would look into putting in place a means to ask people their lunchtime preference.

We observed the lunchtime meal served in the communal space on the first day. Two people had their meals in their rooms and those who required staff assistance received it. Tables were laid up with cutlery,

but no menu was visible to advise people of the meal choice and no condiments or napkins. Staff offered people disposable protective aprons to keep their clothes clean whilst eating and respected people's decisions. The lunchtime meal was disorganised with people sat at the same table receiving their meals at different times. Feedback about the meal was not sought and people were not offered extra helpings or alternatives. We discussed this with the registered manager and directors who said they would look at improving the dining experience at the home. The registered manager said they had previously had menus on the table but people had removed them and they had been damaged. On the second day of the inspection we saw improvements with people being asked if they had enjoyed their meal and if they required any more. The Directors said they were very passionate about improving the mealtime experience. They had recruited a new cook and would implement further improvements which would include menus on display on the wall.

Staff received supervision every two to three months with their line manager. These provided staff with an opportunity to discuss their work and training needs and hear feedback about their performance. The registered manager's checklist completed in June 2018 identified annual appraisals needed to be done. These were scheduled for September 2018.

People had been referred promptly to health professionals when required; this included the GP, district nurse team and the speech and language team (SALT). People had regular visits from the opticians and chiropodists. People identified as being at risk of unexpected weight loss were being regularly weighed and closely monitored. The registered manager and deputy manager demonstrated a good knowledge about the actions they needed to take when they identified a person at risk, which included contacting the GP and monitoring diet and fluid intake.

People and relatives said that the staff would take the required action regarding accessing health support if required. Comments included, "They call the doctor if they are ever concerned", "They call the doctor, keep an eye on things" and "I usually say to one of the girls 'I am not feeling too good' and they take me into the conservatory so I can rest. They are very good for calling the GP." Health professionals said they had confidence in the staff to make referrals promptly. However some concerns were raised by a healthcare professional that their advice had not always been fully followed and they felt it was due to poor communication at the service. We discussed this with the registered manager and they said they would implement a better means of communication. They said they would put in place a communication book for health professionals to complete. They said they and the deputy manager would monitor the health professional's written feedback to ensure their advice was recorded on the computerised system correctly and followed.

People gave us examples of the support they had received regarding their medical needs. One said, "(Registered manager) is looking into pain relief, and has got the doctor." A second person said, "They have sent urine specimens, but I am waiting for the doctor to get back. (Registered manager) will follow it up."

The 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. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes

and hospitals are called the Deprivation of Liberty Safeguards (DoLS).We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The Care Quality Commission (CQC) monitors the operation of DoLS and we found the home was meeting these requirements. The registered manager was aware of their responsibilities in relation to DoLS and had made applications to the local authority to restrict some people's liberties. Staff demonstrated an understanding of people's right to make their own decisions. The registered manager had undertaken best interest decisions involving relevant people. However they had not recorded best interest decisions regarding the use of pressure mats, although family members had been consulted. The registered manager said they would formally record all best interest decisions. Since the inspection the registered manager has informed CQC that they have completed best interest decisions where required for the use of pressure mats.

Good

Is the service caring?

Our findings

At this inspection we found the service remained Good in this key question. People praised the staff and said the care was good at the home. Comments included, "They (staff) look after me, I like it. They are very good", "I love it here… everybody is happy" and "I love it here. They are so kind to me. I can talk to them. I can have a laugh and a joke, and it's wonderful. I love the residents. I feel I have got a life here." A relative said, "I am happy with her care."

The provider's vision statement, included, "To have a house where the people we support are at the centre of everything we do, that they are included, given a voice and supported in a way which enables them to achieve a quality of life that they want and deserve." We found the staff were working in line with this. For example, one person wanted to add to their knowledge and they attended staff training which they were thrilled about.

Staff treated people with dignity and respect when helping them with daily living tasks. We observed staff supporting people while mobilising. They constantly chatted to them and gave continued reassurance through the process. Where people shared a room, privacy screens were used to maintain the person's dignity.

One person told us about when staff had gone the extra mile to support them. They said they had recently required a small procedure under local anaesthetic at the hospital and was afraid to be on their own in the theatre. The registered manager, "on his day off" had met them at the hospital and gone into theatre with them. They had arranged for another staff member to take them to the hospital and back.

Staff were skilled and were able to tell us how they cared for each individual to ensure they received effective care and support. They demonstrated through their conversations with people and their discussions with us that they knew the people they cared for well. During our visit a person became muddled and anxious about using the stair lift. A staff member quickly took action and reassured the person and escorted them to where they wanted to go. A relative gave an example of staff supporting a person. They said "(person) has to be hoisted and can get upset. They try to comfort her. There are always two carers with the hoist."

Staff gained people's consent and involved the person before they provided care. They listened to people's opinions and acted upon them. People could choose the times they went to bed or got up. People confirmed they were given a choice. Comments included, "I wake up on my own, and I ring the bell", "I have a hot shower …I can have one when I want one. It's like you are in your own home" and "They are very good… I have a choice. I have a shower every morning as a rule and once a week I have a bath." People were consulted throughout our visit about what they wanted to do and where they wanted to sit.

While supporting people, staff gave people the time they required to communicate their wishes. It was clear they understood people's needs well to enable them to provide the support people required. For example, one person became quite agitated during lunch. Staff sat with the person and reassured them.

Staff addressed people by their name and personal care was delivered in private in people's rooms. Bedrooms, bathrooms and toilet doors were kept closed when people were being supported with personal care to maintain privacy. People were well presented and dressed in well laundered clothes. One person said, "I have a lock on my door, they always knock and then the carer will go to the door."

The team talked about individuals in the home in a compassionate and caring way. It was evident they had spent time getting to know the people and demonstrated a good knowledge their needs, likes and dislikes. One person had attended the staff training and liked to go around and speak with people. The registered manager had made them a 'staff' badge. The person was very proud of their badge, which clearly made them feel needed and appreciated.

A health care professional said, "I (and my clients) have received an excellent service from them; I have been really impressed with the kindness and compassion shown and how person-centred their approach has been. "

Care plans were focused on the person and their individual choices and preferences and contained personal histories. This enabled staff to have a good knowledge of people's past and people and events special to them. One person said, "I try to do as much as I can, but I can't dress myself. They are very kind, warm and caring. They always discuss what they are going to do first. I have such a good relationship with them; they are like family, even the cook."

Staff had a pleasant approach with people and were respectful and friendly. They were kind and caring towards people, talking to them in a pleasant manner. One person said, "They are very good. Anything I ask they get it for me."

There was a good atmosphere in the home with banter and chatting between people and staff. Staff took time to check on people's comfort with some staff being particularly skilled at connecting with people who had difficulty communicating verbally. One person said, "There's a very nice atmosphere here." Another said, "I feel as though I am wanted here. It makes me feel better."

Visitors were welcomed and there were no time restrictions on visits. They said they were always made welcome when they visited the home.

Good

Is the service responsive?

Our findings

At this inspection we found the service remained Good in this key question. The service was responsive to people's needs because people's care and support was planned and delivered in a way the person wished. Before people came to live at The Koppers, the registered manager visited them and undertook an assessment of their care and support needs. People and their families were included in the admission process and were asked their views and how they wanted to be supported. This ensured the service could meet the person's individual needs fully.

Since our last inspection the provider had implemented a computerised care system. Information gathered through the admission process was used to develop a care plan on the computerised system. Care plans were in place to meet people's care and support needs. They identified people's care and support needs and how they wanted staff to support them. People's care plans included information about, communication, daily routine and tasks, dressing and undressing, elimination, eye care, nutrition and fluids, personal safety, sexuality, sleeping and social.

Staff were able to easily access the computerised care plans, risk assessments and any updated information immediately on computers. Staff said they found the care plans helpful and were able to refer to them when required. The staff were required to record all interactions with people and the support provided as quickly as possible after taking place. This included people's dietary and fluid intake if they were assessed as being at risk. Senior staff could access this system at any time during the day and assess what was happening with people. Staff used the care plan information, as well as information from shift handovers; to alert them to people's changing needs.

People's care plans and risk assessments were reviewed monthly and more regularly if people had a change in their needs. People and relatives confirmed they were consulted regarding changes. Comments included, "I am here a lot and they can talk to me any time. About four months ago they went through sheets of things" and "We sit and talk about what's in there and if I need anything done. (Registered manager) does it for me." There was a keyworker team system where staff had people in their team they were responsible for. They were required to take a particular interest in these people, ensure they had all they needed, review their care plans.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had information about their communication needs in their care plans to guide staff how to ensure they had the information required. Staff ensured people had their hearing aids in place and had their glasses cleaned. The registered manager said some information was provided to people in accessible formats where needed, to help people understand the care and support available to them. For example, people had a service user guide which was pictorial and in an easy to read style. This also included an easy to follow guide about what they should do if not happy at the home. The register manager said that they would continue to develop accessible information for people they supported to ensure they had

information in a style that suited them.

There was no one receiving 'end of life' care at the time of our visit. People had Treatment Escalation Plans (TEP) in place that recorded people's wishes regarding resuscitation in the event of a collapse. Where a person had been thought nearing the end of their life, staff had consulted with people's families and their GP to ensure they were kept informed. Medicines had been prescribed should the person require them for pain management. The registered manager said, relatives had given their verbal thanks to staff as well as small gifts to say thank you. However they had received a thank you email from a relative which said, "A big thank you…who looked after (person) so well whilst she was in your care. Everyone always made me feel very welcome and I felt very happy to find such a lovely, warm and caring environment for (person)." A health care professional had also emailed the registered manager. They said, "... take this opportunity to thank (registered manager, deputy manager) and team for the care and kindness you provided to (person) throughout his stay with you."

People were supported to take part in social activities. There were two voluntary people who regularly came to the home each week to support activities. They were undertaking activities on both days of our visits. People were engaged in making 'sun catchers' and appeared to enjoy the activity. The provider also had external entertainers who visited regularly and the Baptist minister undertook a service monthly. The registered manager was working with staff to record activities and social interactions they had with people as care records did not always reflect the activities people had enjoyed.

People and visitors were positive about the activities at the home and said they had the opportunity to join in if they wanted to. Comments included, "I go to Holy Communion, weekly. I would like to go to church and (registered manager) is going to sort that out for me", "I like music. I don't go out in the garden very often.", "If there's something I'm interested in, but not always…I like music, I watch TV, reading, I love reading. I go out in the garden when the weather is nice. If they go on an outing, I will go, if there's room" and "I go in the garden quite a bit, pull the weeds out. I saw the vicar this afternoon. I am so busy nattering."

A person told us about the importance of their faith. They said they had been very active in their local church and really appreciated that the church visited. On the second day of our visit a small service was being conducted by the local clergy. Another person told us they were making "lavender bags for every resident." They went on to tell us that staff were bringing lavender from their gardens to use.

People's bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. One person told us their room was well decorated and personalised with photographs, pictures and much more.

People knew how to share their experiences and raise a concern or complaint. The registered manager had produced a new complaints procedure giving people information about how to make a complaint. It included information about external organisations they could contact if people were not satisfied with how their complaint was dealt with. There had been no complaints since our last inspection.

People and relatives said they would be happy to raise a concern and were confident the registered manager would take action as required. One person said how they had spoken to the registered manager regarding their call bell not working one night. The registered manager had investigated and found the bell had become slightly dislodged. They took action and added routine bell checks to the staff's night time monitoring visits.

Good

Is the service well-led?

Our findings

At the last inspection in June 2017 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The first breach was because the quality assurance system in place was not being completed fully which meant that risks were not always identified or responded to promptly. Auditing of accidents had not been completed for several months to identify patterns, trends and action required. The provider had not identified shortcomings in quality assurance. The provider sent us a comprehensive action plan which said they would be introducing new auditing systems to ensure they were fully compliant. This would include a monthly service report, audits that govern the safe and efficient running of the service. At this inspection we found the provider had taken the action set out in their action plan and had met the requirement.

The second breach was because the provider had not submitted statutory notifications. The provider has legal obligations to submit statutory notifications when certain events, such as a death or if injury to a person had occurred. The provider sent us an action plan following the inspection which said all notifications to the local safeguarding authority will include a notification to The Care Quality Commission (CQC). Since our last inspection, the registered manager and provider were meeting their legal obligations. They notified the CQC as required, providing additional information promptly when requested. The provider had displayed the previous CQC inspection rating at the service and on the provider's website, in accordance with the regulations.

The service had a registered manager who had registered with CQC in October 2017. A registered manager is a person who has registered 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. People, relatives and staff said the new registered manager had made a lot of improvements at the home. One relative commented, "It has improved. There's a choice of food. For breakfast they can have a choice of whatever. It's (the home) clean, it smells fresh. There are always drinks." We asked the relative if they thought the care their relative received was of a high quality. They said, "Yes, I do."

The registered manager was supported by a deputy manager. They were both very passionate about people at the service receiving good care. They were actively involved with the day to day running of the shifts and knew people's needs. People and relatives said they had confidence in the registered manager and deputy manager and would be happy to speak to them if they had any concerns about the service provided. People's comments included, "(Registered manager) is a very important person in my life. I trust him" and "I think (deputy manager) and (registered manager) together cover anything you could want." One relative said, "(Registered manager) is fine to talk to. He tries to help all the residents here. He talks to them will do anything that needs to be done." A health care professional commented, "I feel the combination of leadership by the manager and deputy manager is very good. They lead by example and have an excellent awareness of their clients and families; they make the place feel more like a home than a care setting."

Staff also said they had confidence in the registered manager and deputy manager and recognised the

improvements which had been made. Comments included, "The registered manager and deputy work well together…if a problem they tell us."

The registered manager had implemented a lot of improvements since starting at the home. They had worked with staff to improve the team work at the home in line with one of the provider's vision statements. This stated, "To ensure that we work as a team to improve standards in the house and show what a good support team can achieve when we work together." They had reviewed all of the provider's policies and procedures to ensure they were up to date and reflected current guidelines. They were instrumental in the implementation of the new computerised system which they used amongst other things to undertake audits, supervisions and reviews. They recognised there was still more to do. They said, "There are still areas where we need to progress it is work in progress."

The directors were very active at the service and visited at least twice a week. This was to offer support to the registered manager and to assure themselves the service was running safely. The registered manager said the provider was available by telephone at all times and were very supportive. They went on to say they spoke to them most days. The QAIT officer said, "I was impressed by (registered manager) and his approach to some of the challenges he faced. He seemed to have the support of the owners …they were all working effectively together."

As part of the director's visits the provider observed and spoke with people at the home and dealt with any issues raised. They also met with the registered manager and deputy manager to ascertain how things were going and offer their support. They completed a director audit. The last one completed in June 2018 looked at individual rooms, spoke with people and staff. An action following the audit was the completion of the kitchen and cleaning of the fire escape. Both actions had been completed.

The provider had a number of quality monitoring systems in use which were used to review and monitor the service. The management team undertook regular audits. These included monthly medicines audits, care record audits, environmental audits, mattress audits, wheelchair checks and safeguarding audits. The mattress audit, identified bed type, what mattress person was using, the required setting. Each day staff were required to check the mattress settings to ensure they were set in line with people's weights to ensure they were able to support the person as required.

The registered manager encouraged open communication with people who used the service and those that mattered to them. They regularly spoke with people and visitors to the home to seek their views. People and their relatives were invited to 'resident's meeting's every six months. The registered manager had sent surveys out to relatives or people's representatives to ask their views. These were still being returned and had not been collated at the time of the inspection. There was also a suggestion box in the main entrance for visitors to put forward ideas. The registered manager said they had recently had a cheese and wine evening for people and relatives which had been very successful. It had given everyone a chance to discuss what was going well at the home. They went on to say they would be holding more similar events.

Staff were actively involved in developing the service. Staff meetings took place monthly and staff felt able to discuss any issues with the registered manager. Records of meetings showed staff were able to express their views, ideas and concerns. Staff had a staff handover meeting at the changeover of each shift where key information about each person's care was shared. On the computerised system staff were sent messages about anything that changed to ensure they were kept informed. This meant staff were kept up to date about people's changing needs and risks.

In March 2018 the service was inspected by an Environmental health officer (EHO) to assess food hygiene

and safety. The service had scored the lowest rating of one with the highest rating being five. The provider had been in the process of refurbishing the kitchen at the time of the inspection. Since the inspection they had been working with the environmental officer to make the improvements needed. We reviewed the most recent report of outstanding actions and found they had all been completed. The registered manager said they were requesting a visit and were confident of a higher rating. A relative said, "There has been a lot of decorating. The kitchen has been improved. (Registered manager) does a lot more training." Following the inspection the registered manager informed us that the EHO had re-inspected the kitchen on the 23 August 2018 and issued a rating of four. They also informed us, "We cannot achieve level five as we had a low rating. But the EHO feels that we will achieve this in three month's time when we are re-inspected." This showed that the provider had taken action to improve the food safety at the service.

There were accident and incident reporting systems in place at the service. The registered manager reviewed all of the incident forms regarding people falling. They looked to see if there were any patterns with regards to location or themes. Where they identified any concerns or reoccurrence they took action to find ways so further falls could be avoided.