

Kirby Grange Limited

# Kirby Grange Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection visit took place on 9 November 2016 and was unannounced.

Kirby Grange is a residential care home providing accommodation for up to 31 people who require personal or nursing care. The service does not directly provide nursing care, but arranges for nurses to visit the home. Accommodation is on two floors that are connected by stairs and a lift. There is a communal dining area and three communal lounges, one of which was undergoing renovation at the time of our inspection. At the time of our inspection 25 people used the service.

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. At the time of our inspection on 18 November 2015 the service had not had a registered manager for over 12 months. We required the provider to take action to have a registered manager. At this inspection a manager was awaiting the outcome of their application to the Care Quality Commission to be registered manager. They were registered on 24 November 2016.

People who used the service were safe. They were supported and cared for by staff that had been employed under the provider's recruitment procedures. These ensured as far as possible that only staff that were suited to work at the service were employed. Staff understood and carried out their responsibilities for protecting people from abuse and avoidable harm.

People's care plans included risk assessments of activities associated with their personal care routines. The risk assessments provided information for care workers that enabled them to support people safely but without restricting their independence.

Enough suitably skilled and knowledgeable staff were deployed to meet the needs of the people using the service. The manager decided staffing levels based on the needs of people who used the service. The manager was involved in 'hands-on' support and care of people who used the service as a means of maintaining their knowledge of people's needs.

People were supported to receive the medicines by staff who were trained in medicines management. Arrangements for ordering, storing, disposing and administration of medicines were safe. The manager had made this one of their priorities after they joined the service.

Care workers were supported through training, supervision and appraisal. Staff told us that they felt supported..

The manager understood their responsibilities under the Mental Capacity Act (MCA) 2005. Staff had awareness of the MCA. They understood they could provide care and support only if a person consented to it

and if the proper safeguards were put in place to protect their rights. There were people at Kirby Grange who were being cared for under Deprivation of Liberty Safeguards which meant their rights were protected.

Staff understood the importance people having healthy diets and having enough to eat and drink. They supported people at meal times to have their meals. They also supported people to access health services when they needed them.

People and their relatives were involved in decisions about their care and support. They received the information they needed about the service and about their care and support.

People told us they were treated with dignity and respect. The manager was a 'dignity champion' and they promoted values of compassion and kindness in the service.

People contributed to the assessment of their needs and to reviews of their care plans. Their care plans were centred on their individual needs. People knew how to raise concerns if they felt they had to and they were confident they would be taken seriously by the provider. When people expressed preferences about their care and support these were acted upon by the manager.

The service had effective arrangements for monitoring the quality of the service. These arrangements included asking for people's feedback about the service and a range of checks and audits. The provider carried out fortnightly visits to Kirby Grange to monitor the quality of service and to support the manager. The quality assurance procedures were used to identify and implement improvements to people's experience of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff understood and put into practice their responsibilities for protecting people from abuse and avoidable harm.

The provider's recruitment procedures ensured as far as possible that only people who were suited to work at Kirby Grange were employed. Staff with the right skills were deployed to meet the needs of people using the service.

People were supported to take their medicines by staff who were trained in safe management of medicines. Management of medicines was safe.

### Is the service effective?

Good ●

The service was effective.

Staff were supported through supervision, appraisal and training. They were supported to study for further qualifications in health and social care.

Staff understood their responsibilities under the Mental Capacity Act 2005. They ensured that care and support was provided only if a person gave consent and they protected the rights of people to make decisions about their care.

Staff supported people with their nutritional needs and to access health services when they needed them.

### Is the service caring?

Good ●

The service was caring.

Care workers were attentive to people's needs. They communicated well with people and explained how they were supporting them.

People were involved in discussions about their care and

support. They were asked how they wanted to be cared for and supported.

Care workers respected people's privacy and dignity when providing care and support.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received care and supported that was centred on their individual needs.

People were supported to participate in activities of their choice.

People knew how to make a complaint if they felt they needed to.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The service had a registered manager from 24 November 2016.

The manager and staff had brought about improvements to the service since our last inspection in November 2015.

People using the service and staff knew how to raise concerns and were confident their concerns were taken seriously.

The service had effective arrangements for monitoring the quality of the service.

# Kirby Grange 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 inspection took place on 9 November 2016 and was unannounced.

The inspection team included an 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. The team was completed by a specialist advisor who was a member of the Care Quality Commission's medicines team.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and what improvements they plan to make.

We reviewed notifications the provider had sent to the Care Quality Commission about incidents that had occurred at Kirby Grange since our last inspection and information we received from a local authority that paid for the care of some of the people who used the service.

On the day of our site visit we spoke with eight people who used the service and two relatives of other people. We observed how people were supported with their meal at lunchtime.

We looked at four people's care plans and associated records and medicines administration records of 11 people who used the service. We looked at information about support staff received through training, supervision and appraisal. We looked at one recruitment file to see how the provider operated their

recruitment procedures to ensure they only recruited staff that were suited to work for the service. We reviewed records associated with the provider's monitoring of the quality of the service. These included surveys and audits. We spoke with the manager, two senior care workers, three care workers and a kitchen assistant.

We contacted the local authority that funded some of the care of people using the service and Healthwatch Leicestershire, the local consumer champion for people using adult social care services, to see if they had feedback about the service.

## Is the service safe?

### Our findings

People using the service told us they felt safe at Kirby Grange. They gave a variety of reasons for feeling safe. These included staff being caring and using equipment such as hoists safely; staff responding quickly when people used call alarms and night-time checks by staff. Comments included, "They're nice people and make us feel safe", "There's always people around you to feel safe" and "They're nice and gentle when they help". Relatives we spoke with told us they believed people using the service were safe. A relative told us, "The staff make it feel safe".

Staff knew how to identify and respond to signs of abuse. They knew about the provider's procedures for reporting suspected or actual abuse because those procedures were promoted at staff meetings and posters throughout Kirby Grange. All staff had received training in safeguarding people from abuse or avoidable harm. Staff we spoke with demonstrated knowledge about the types of abuse recognised in the Health and Social Care Act. They told us they were confident that the manager would take any safeguarding concerns they raised seriously.

The manager reviewed incidents that occurred between people using the service. We saw that they had carried out investigations to identify why people sometimes displayed behaviour that challenged others. They had taken action to protect people from being harmed by others and to support the people who presented challenging behaviour. They involved the local authority adult safeguarding team and health and social care professionals in finding solutions to safeguarding concerns.

People's care plans had risk assessments of activities associated with their personal care routines, for example eating or supporting people with their mobility. The risk assessments were detailed. They included information for care workers how to support people safely and protect them from harm or injury without restricting people's freedom. For example, care workers made discrete observations of people when they were in their rooms or in quiet areas of the home. A person told us, "They've been checking on me all the time while I'm in my room" and another said, "They come and check on us at night". People told us they felt safe because those checks were made. We saw care workers safely support people to stand and transfer from armchair to wheelchair. Staff used the correct equipment, for example the right sized slings when people were hoisted. Wheelchairs were used safely, for example care workers ensured that foot rests were adjusted correctly so that people's feet were off the floor. We also saw people who were assessed at risk of falling when walking wearing non-slip footwear that reduced the risk.

A contributing factor to people being safe was that the provider deployed enough suitably skilled and knowledgeable staff to be able to meet people's needs. This was evident by the prompt responses staff made when people used their call alarms. Staff responded very quickly, never more than 30 seconds after an alarm sounded. A person said, "I've used it once and they came very fast".

The manager explained that they decided how many staff should be on duty according to the assessed needs of people who used the service. At the time of our inspection a senior care workers and four care workers were supporting 25 people. Care workers were not distracted by other duties because the provider



employed kitchen assistants and cleaners. The manager made themselves available to support care workers. When we compared staff rotas to training records we saw that there were consistently enough suitably skilled and experienced staff to provide care and support to be who used the service.

Communal areas and bedrooms we saw were clean. People who used the service commented about the cleanliness. Comments included, "The place is spotless"; "It is a nice clean place"; "The cleaner is marvellous"; "It's all kept very clean" and "They've just taken his curtains down to wash for Christmas." Throughout our inspection we saw two cleaning staff actively ensuring the cleanliness at Kirby Grange. We saw cleaning schedules which confirmed that the cleaners worked every day. Areas that were being refurbished were cordoned off so that people could not enter them.

The provider operated recruitment procedures that ensured as far as possible that only staff suited to work for the service were employed. Candidate's suitability was assessed through review of their job application form then at interviews when they were interviewed by the manager. We saw evidence that people who were interviewed were asked questions that tested their suitability to work with people who require personal care. All necessary pre-employment checks were carried out before a person started work including Disclosure Barring Scheme (DBS) check. DBS checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce.

Only senior care workers trained and skilled in medicines management supported people to take their medicines as prescribed by their GP. When we looked at people's medicines and records (MARs) we found that senior care workers consistently supported people to have their medicines at the right times or, in the case of pain relief, when they needed them. When people left Kirby Grange for periods, for example when they went out with or to stay with relatives, the manager ensured relatives had the correct supply of medicines. A relative told us, "We have to take his medication out with us and sign for it if he's going for a family trip out".

Where people had been prescribed medicines for pain relief, their care plans included protocols in place detailing when these medicines should be offered. Senior care workers checked whether the medicines had been effective in accordance with the protocols.

Some people were prescribed topical creams. These were administered in line with the prescriber's directions. People's records included 'body maps' which showed where the creams had to be applied. This reduced the risk of creams being applied to the wrong area.

We observed people being given their medicines by a senior care staff worker. They referred to a people's MAR charts to ensure the correct medicine was given to the right person. The MARs were signed only after a person had been given their medicine. The senior care worker explained what the medicines were for to support them to make an informed choice about taking their medicines.

A small number of people were given their medicines disguised in food or drink to ensure that they had essential medicines that were in their best interests to take. There were appropriate mental capacity assessments in place for those people. Sometimes these people were happy to take their medicines and this was always offered initially. This was a very person-centred approach and we observed this in action during the lunchtime medicines round. The manager had sought and obtained advice from the pharmacy that supplied medicines about the suitability of certain preparations for covert administration. We discussed these people's care plans with the senior care worker and they told us they would add more detail about the amount of food or drink to be used. We found that care workers knew how to ensure the medicines containing portion of the food or drink had been consumed.

Medicines were stored securely, and at the correct temperatures. Controlled drugs were stored and recorded correctly, and regular checks had been carried out to ensure the records were accurate.

Senior care workers and care workers who administered non-medicated creams, received the relevant training. Their competence to support people with their medicines was regularly assessed by the manager who was experienced in the management of medicines.

## Is the service effective?

### Our findings

People using the service spoke in complimentary terms about the skills and competence of staff. Comments included, "There are no better carers anywhere, I can assure you" and "They're capable". A relative of a person who used the service told us about how pleased they were with the quality of staff. They said, "I'm very satisfied. The difference in carers he had [before the person came to Kirby Grange] and here is poles apart. I've got peace of mind here".

After the manager joined the service in June 2016 they made staff training one of their priorities. They reviewed staff training records and introduced a plan to ensure that all staff received training that provided them with the right knowledge and skills to support the people who used the service. Much of the training consisted of learning exercises which staff completed and which were marked and assessed by an accredited training provider. The manager evaluated whether staff put their training into practice through observations and supervision. A staff survey carried out in September 2016 showed that 80% of staff rated their training as either 'good' or 'excellent'. Staff we spoke with told us that the manager had made a significant difference to the service and that this included ensuring that staff were supported through training.

We saw several examples of staff communicating effectively with people. They adapted how they communicated with an individual, for example either speaking slowly or using gestures and facing the person at eye level. We heard staff explain how they proposed to support people, and then talked to people whilst supporting them. What people told us confirmed that staff consistently communicated with them in ways they understood. A person told us, "They're good at explaining things in simple language". This was evident when staff asked people what they wanted for lunch. The manager and staff told us that communication with some people would be enhanced by using laminated photographs of plated meals to make it easier for people to choose meals.

Staff supported people who used hearing-aids. They washed the hearing aids and replaced batteries when necessary. We found that the atmosphere was significantly quieter than at our last inspection. The sound volumes of a large screen television and radio were much lower but we could see by people's reactions that they could hear these. Staff spoke with people in much quieter tones than before.

The Mental Capacity Act (MCA) 2005 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. The application process 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.

The manager had a thorough understanding of the MCA. They had made applications for DoLS

authorisations in respect of people who lacked mental capacity to make their own decisions about their care and support. Care workers we spoke with had an awareness of the principles of the MCA. They were helped in that regards by posters about MCA that were on display in different areas of Kirby Grange.

Staff understood that where people had mental capacity to make decisions about their care and support, they had to obtain a person's consent before providing care. We saw that happen when, for example, staff discretely asked people if they wanted support with personal care. Three people told us, "They always ask me if I'm ready first before helping me do things"; "They're polite and ask us if we're ready for something" and "They ask me first before moving me around".

Staff supported people to have enough to eat and drink. Staff supported people to choose their meals by explaining what the meals were. A person told us, "We get a choice at meals" and another person told us, "I enjoyed my first breakfast today. They offered me lots of choices". We saw from the four week cycle of menus that people had a choice of healthy and nutritious meals that were freshly prepared at Kirby Grange. The cook had information about people's special dietary requirements and about food people should avoid, for example for people who were diabetic. People who required food supplements had them. People's preferences were respected. For example, a person told us, "It [the food] is great. I never have onions so they do a special version for me". A relative told us, "[Person] is a very fussy eater but they listen to what he's said and give him small portions". Staff sometimes asked people if they wanted to try a different meal experience, for example a continental meal. On the day of our inspection a care worker who was helping in the kitchen made a pie based on a recipe from the country of their origin which people had asked about.

Our observation was that the meal time was a pleasant experience for everyone and that the meals and dining area were very well presented. People who required support with eating their meal had that support. People who chose to eat their meal in their room were supported with their choice. A person told us, "I can feed myself in bed. I get a choice of two things and if I don't like either, I can ask for something else. I had a jacket potato today [instead of one of the main meal choices]. My little fridge has got cheese and chocolate so the girls will fetch me a snack from it if I ask."

Staff understood the importance of people drinking enough fluids. People told us they had plenty to drink. Comments included, "We get plenty of coffee and squash. If we want a drink in our room, we can ask" and "We get offered so many drinks. I take a water up to bed with me". Some people could make their own drinks in a kitchenette area situated in a communal area. A person told us, "We can make a drink, hot or cold. They put the teabags down low so I can reach them in the kitchenette".

People had enough to eat. A person told us, "We can ask for fruit or a snack anytime if we want extras". Staff kept records of the amounts people had to eat and drink so that their food and fluid intake could be monitored. Their weight was monitored too. This meant that if a person had an unplanned weight loss or gain action their GP could be alerted to consider making a referral to the relevant health professionals.

People were supported to access health services when they needed to. A nurse from a local medical practice visited Kirby Grange every Tuesday. District nurses visited three times a week and a chiropodist visited regularly. Staff took people to health care appointments and made appointments for health professionals to visit people, for example to check their sight and hearing. Six people told us how they had been supported with access to health services. Comments included, "The optician came to check me for new glasses as I've got that degeneration thing. I'm waiting for the hearing people to come and syringe my ears, then I'll be able to hear better. The chiropodist sees us every six weeks" and "I had an eye test recently and the chiropodist sees me regularly with my diabetes. I've seen the hearing people around before". The manager worked with other services such as occupational therapists to obtain equipment for people who used the service. A

person told us, "The people [occupational therapist service] came and gave me this electric wheelchair so I can get round more easily". This showed that the provider supported people with their health needs and this had made a positive difference to people's lives".

## Is the service caring?

### Our findings

People and relatives we spoke with told us that staff were kind and caring. Comments included, "They're wonderful. You won't find better", "They've all been lovely" and "They're very kind".

We saw lots of examples of staff being kind and caring. We saw a care worker having a conversation with a person who was new to the service putting the person at ease in what were to them the unfamiliar surroundings. We saw care workers being friendly with people and having conversations with them. People responded with laughter and clearly enjoyed their interactions with staff. A person told us, "They get on so well with us. I'm happy" and another said "We have fun and I love them [staff] being around". People were supported with things that mattered to them. For example, people told us they liked to have their hair cared for. The service arranged for a hairdressing service to visit Kirby Grange. A person told us, "The hairdresser's very good and she does my nails too". The service supported a person to have visits from a hairdresser they'd used for 20 years. The person told us, "My own hairdresser comes in to do me, I've had her for 20 years".

We saw staff support people when they appeared to be distressed. They did so in a comforting and reassuring way. A person told us, "The staff are brilliant. When I'm upset they ask why and help me feel better".

The majority of people using the service lived with dementia. Most did not fully participate in longer term decisions about their care. They told us their relatives did that for them. However, they told us that the manager kept them informed about their care and support. Relatives told us they were kept involved and informed. One told us, "I'm kept in touch and have no concerns". The manager had begun a review of all care plans and was involving people who used the service and relatives in reviews.

People who used the service were involved in decisions about their care and support every day. They made decisions and choices that staff respected. People told us they decided how they spent their time. A person told us, "I can decide on my bedtimes, what I do, what I fancy to eat and lots more" and another said "I get to make lots of choices every day. I'm often last to bed." The provider's policies promoted people being supported to exercise choice and this was reinforced at staff meetings. We saw, for example, records of staff meetings that took place on 2 February, 2 April and 25 July 2016 at which the provider emphasised the importance of respecting and supporting people's choices.

People who used the service and their relatives were given information about the service. People's care plans included 'user guides' about the service, for example who they could contact with concerns. Residents and relatives meetings took place, usually every three months. People attending were informed about changes and developments at the service. Relatives were invited to make suggestions about the sort of activities they would like to see at Kirby Grange. In July 2016, they were asked to complete a 'My life story' form about their family member that staff could use to get to know more about people using the service.

The provider promoted dignity and respect through policies, staff training and supervision. This was

reinforced at staff meetings. The manager was a trained 'dignity champion' and used their knowledge support staff to provide care and support with dignity. Our observations were that staff treated people with dignity and respect. For example, staff talked to people quietly about whether they needed or wanted support with personal care which meant other people were not aware of a person's needs.

Staff respected people's privacy. We saw staff knock on people's doors before going into their rooms. Three people told us, "They always give me a knock first", "They'll knock unless I'm poorly when they'll peep round" and "My door's open all the time but they still knock". People told us that staff respected their privacy when they were supported with personal care. A person told us, "They always ask to close my curtains" and another said "They shut my curtains when I was washing. I like the way they knock and wait a bit". Relatives told us that staff respected people's privacy. One told us, "They respect that [person] likes to spend time alone in his room in the afternoons".

People were supported to be independent. Their care plans included assessments of their dependency needs. Staff were aware of these and they used the information to encourage and support people to be independent. People told us about that support. Comments from three people included, "I'm a free agent and come and go round the place. I can go out for a walk too", "They set me up in the shower then leave me to it as I prefer to wash myself" and "I like to do things myself to keep me going. They encourage me to do as much as I'm able". We saw people walking around the home and a person went for a walk outside. A relative of a person who used the service told us, "They let him do as much as possible for himself". People's care plans included information for care workers about how much people could do for themselves and what they needed support with. We saw and heard care workers ask people if they wanted to be supported, they did not always presume people wanted support. A person who used the service told us, "They never make us do anything but they are always around to help us if we need help".

People's relatives were able to visit Kirby Grange without undue restrictions. We saw from the visitor's signing in book that relatives visited the home from early in the morning to the evening. Two people who used the service told us, "They can come any time at all" and "They can come to suit their work times". A relative told us, "They've given me the door code so we're encouraged to come and go when we want".

## Is the service responsive?

### Our findings

People we spoke with told us that were satisfied with the quality of care they experienced. A person using the service told us, "No-one could do it [provide care and support] as highly as them here. They are friendly and helpful. They are perfect". Another person said, "It's very good here. I am well cared for". A relative of a person who used the service told us they felt that their family member's health had improved since being at Kirby Grange. They told us, "He's looking the best he has for a while. I'd like him to decide to stay on here".

We saw from information in care plans we looked at that people using the service contributed to the assessments of their needs. Most people told us they preferred their relatives or representatives to do this and we saw that had happened. This meant that people were either directly or indirectly involved in the assessments of their needs.

People's care plans were 'person centred' because they contained information about people's life history and individual preferences. The care plans included a 'know me better' section that people using the service or their relatives completed. Care workers used this information to learn about people's preferences and to respect their choices, for example with regards to their meal, interests and hobbies. A relative told us that care worker's knowledge of people made a difference. They said, "They're brilliant. They know him so well. A lovely banter goes on. We've got a nice relationship with the staff". We saw staff take time to have conversations with people which people clearly enjoyed. A person told us, "They spend time talking to me often".

People experienced care and support that was centred on their individual needs. For example, a relative told us about how the support the manager had taken a person to an appointment with their GP to discuss specific health concerns. Another person who was discharged to Kirby Grange from a hospital had specific health needs that the manager arranged support for by ensuring district nurses visited the person to provide nursing care.

Staff paid attention to people's preferences including how they spent their time. For example, they knew what television programmes people liked to watch and reminded them when the programmes were about to be broadcast. Staff knew what clothes people like to wear and ensured that people had choice of fresh and clean clothing to choose from. A person told us, "The girls will show me some things to wear and let me choose". We saw that people were dressed in clean and coordinated clothes. Care workers knew how people liked to be supported with personal care routines because care plans contained those details. People told us they were satisfied with the way they were cared for. They appreciated that they were supported to be independent by staff who encouraged them to do as much as possible themselves. Three people told us they could have a shower whenever they wanted.

People were supported to maintain their interests and hobbies and to participate in stimulating and meaningful activities. For example, after staff identified that a person was interesting in bird watching they supplied the person with materials to build a bird box. People who were interested in gardening had planted bulbs in the garden at Kirby Grange. There were plans to develop the garden into a sensory area. An indoor



greenhouse was being supplied for people who enjoyed gardening. People with faith needs were supported to attend faith services which was something that meant a lot to them. A person told us, "[Care worker] takes me to church most Sundays down the road. He walks with me and stays there too" and another said, "There is an occasional church service and communion. I like that".

An activities coordinator supported people to participate in a wide range of activities at Kirby Grange and outside. People were encouraged to participate in activities with others, for example bingo which people told us they enjoyed. The activities coordinator made activities interesting for people by using props, providing people with information and promoting discussion. We saw that during our visit there was a quiz about musicals in which 12 people participated. A person told us that they had made friends with other people who used the service because of the activities which showed that people were protected from social isolation. People who preferred to spend time alone were also supported individually with activities. A person told us, "They give me things to do, or I watch my own TV in the afternoon" and another said "I prefer to watch my TV or read by myself. I don't particularly want someone jollying me into doing something with others". Another person told us they were supported to write poetry and they read us a poem they had composed.

People participated in baking and cooking activities which were made interesting by the activities coordinator because they likened the activity to a popular television show. People who participated in arts and crafts activities made Christmas decorations. The activities coordinator and an administrator together explored and developed activities that were suited to people who lived with dementia. They provided 'reminiscence time' for people and some people were provided with tactile toys which we saw brought them comfort.

People using the service and their relatives had access to a complaints procedure. This was displayed in the entrance hall and was available in people's 'service user guides'. People we spoke with told us they had not had a reason to make a complaint. One told us, "I've never needed to raise anything" and another said, "I've no complaints at all". A relative told us, "The manager will sort things out straight away. We just had an issue once and it was quickly sorted". The manager had investigated a complaint about the service and responded with a factual and informative response.

## Is the service well-led?

### Our findings

After our inspection on 18 November 2015 we required the provider to take action to have a registered manager at Kirby Grange. They took action and a manager running the service was registered on 24 November 2016

The provider later informed us that the manager left the service before making an application to be a registered manager. A new manager was appointed in June 2016. In September 2016 they submitted an application to become the register manager. They were registered on 24 November 2016.

People using the service and relatives told us Kirby Grange was a pleasant place to be and that staff were friendly. People told us that there was a friendly atmosphere. A person told us, "It's a very good atmosphere" and another explained it was because "It's a great big happy family here".

People who used the service and their relatives had opportunities to be involved in discussions about developing the service. These included relatives and residents meetings which the manager used to inform people of developments at the service and to invite suggestions and ideas. We saw from records of meetings that relatives had made suggestions about activities. They were also asked for their views about how the service could be improved and their views were acted upon by the manager and the provider. For example, a wider range of activities had been introduced and a sensory area was going to be created in the garden.

The manager had raised the profile of the Kirby Grange in the local community and involved people from the community at the home. In August 2016 an indoor 'car boot sale' and a treasure hunt in the grounds of Kirby Grange took place. People who used the service and staff went to the local village hall to organise coffee mornings. A summer fete was proposed for 2017. This showed that the manager reached out to establish links with the local community.

Staff were supported to raise concerns about what they felt was poor practice. This was through policies and incident reporting procedures. They were also supported to raise any concerns during one to one supervision meetings. Incident reports we looked at contained evidence that these incidents had been investigated. Actions were taken to reduce the risk of similar incidents happening again by reviewing and reassessing risk assessments. Incident reports were discussed at staff meetings and were reported to the provider so that they were aware of events at Kirby Grange.

The provider promoted caring values through policies and reinforced those values at staff meetings. They and the manager had a clear aim to improve the service which was shared by staff. Staff we spoke with told us that the manager had made a significant difference to the service. Comments from staff included, "The manager has definitely turned things around" and "It is massively different with the new manager. They support and listen". Relatives made similar comments. One told us, "The manager is really turning it around. I've spoken to her quite a lot".

People using the service and relatives knew who the manager was. They told us the manager was friendly

and were accessible. A person using the service told us, "The manager is generally around. She's a good manager. I find her easy to talk to". A relative told us, "The manager is always very willing to talk to us".

The manager understood their responsibilities of a registered manager under the terms of their registration with the Care Quality Commission (CQC). They kept the CQC informed of events at the service, such as deaths, accidents and incidents. This was important because it meant the CQC could monitor the service. They had a clear vision of what they wanted to improve at the service which they told us about in the Provider Information Return they sent us before the inspection visit. These included making improvements to care plans and improving facilities at Kirby Grange.

The manager met with their counterparts in other services run by the provider to discuss common issues and share learning and good practice. They told us they felt well supported by the provider when they proposed suggestions and ideas about improving the service.

The provider had effective systems for monitoring the quality of the service. A key part of that was an annual satisfaction survey which included questions about people's experience of the service. The outcome of the survey was largely positive. At the time of our inspection an action plan was being developed to address the few areas that people who used the service and relatives had rated as 'average' or below. Other monitoring included observations of staff practice, supervisions, and audits of care records. Audits were used to identify areas that required improvement and actions were taken to achieve improvement. For example, staff training arrangements had been reviewed with the result that staff had received training they required. Regular one to one meetings with staff had been introduced to involve staff in the future development of the service. The provider made regular, usually fortnightly, visits to monitor and discuss the service with the manager.

As part of their monitoring activities the manager observed how staff supported people who used the service and put the provider's values and expectations for the service into practice. They did this by 'walking the floor' and through regular supervision of staff. The provider made similar observations when they visited Kirby Grange.