Trinity Merchants Limited

Kara House Residential Care Home

Inspection report

29 Harboro Road
Sale
Cheshire
M33 5AN

Tel: 01619693393

Date of inspection visit:
26 June 2018
28 June 2018

Date of publication:
28 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 inspection took place on 26 and 28 June 2018 and the first day of inspection was unannounced. At our last inspection in December 2016 we rated the service requires improvement. We carried out this inspection to see if the provider was meeting all legal requirements.

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

Kara House is a large detached home in Sale. Accommodation for people is situated over three floors. A basement area provides storage areas and offices for managers, senior staff and a staff room. There are three large lounges and a large extension provides space used as a dining area or for activities. There is access via steps and a ramp to a fully enclosed garden, with a level paved area with seating. The care home accommodates up to 39 people in one adapted building. At the time of this inspection the home was providing care and support for 32 people.

The home has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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.

Person centred care plans and risk assessments were in place. These provided guidance and information about people's support needs, their likes, dislikes and preferences and how to mitigate any identified risks. Staff we spoke with knew people and their needs well. Care files were reviewed each month. People and their families, where appropriate, were involved in these reviews and felt well informed about care and support provided.

The home had effective systems for ensuring concerns about people's safety were managed appropriately. A safe recruitment process was in place. Staff completed a thorough induction programme and regular checks were made on their development, knowledge and well-being in the role. Staff received refresher training on an annual basis and for staff who wanted to undertake additional on- line training in subject areas that were of interest to them these were made available.

Improvements had been made to the home. The ground floor décor was neutral in colour with photographs and pictures displayed in corridors and the service was clean and well maintained throughout.

The service was working within the principles of the Mental Capacity Act (2005). A capacity assessment tool was used and applications made for a Deprivation of Liberty Safeguard (DoLS) if a person lacked capacity. The Care Quality Commission were informed of any authorisations granted.

Staff had regular supervisions. Staff meetings were held, which were open discussions. Staff were given the opportunity to make suggestions on how to improve practice. Staff felt supported by and involved with the service.

People we spoke with expressed satisfaction with the food and drink provided in the home. They told us that meals were good and there was always plenty to eat and drink. We saw that people were consulted about the meals on offer and for new menu ideas.

There were policies and procedures in place around respecting equality and diversity, so that people were treated equally. People told us they felt included and not discriminated against.

People we spoke with were complimentary about the service. One visitor explained to us how well care workers knew their relative and how involved their family member had been in the care planning process. Staff had the preferences and wishes of people at the centre when arranging their care and support in conjunction with them.

Kara House had a complaints policy in place. Issues raised verbally had been recorded and responded to.

An activities programme was in place. The activity coordinator carried out group activities and sessions but also devoted time for individuals who preferred one to one activities or going out in the community. People's cultural and religious needs were being met by the service.

We received positive feedback about the leadership and management within the home from staff, people who used the service and their relatives. It was clear that people living at the home knew who the registered manager was and considered they were a regular presence in the home.

The service worked in partnership with other agencies including health professionals, local authority representatives and volunteers. Quality assurance systems were in place. Incidents and accidents were monitored to identify if there were any patterns or trends. Residents and relatives meeting were held and a survey had been completed with the responses being positive.

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.

Care records contained individualised risk assessments and risk management plans which had been discussed with either the person or their relative.

There were effective systems for ensuring concerns about people's safety were managed appropriately.

Safety and maintenance checks were being carried out at regular intervals to maintain the safety of people living in the home.

Is the service effective?

Good

The service was effective.

People's nutritional needs were clearly noted in assessments.

Care plans, outlined the type of support people required to maintain good health.

Staff gained consent from people before carrying out care. The home was compliant with the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

Care plans detailed how people liked to receive their care.

People's personal histories provided staff with information. They knew about people's preferences, likes and dislikes.

Staff demonstrated knowledge of dignity and privacy issues and gave examples of how they respected people's rights and wishes

Is the service responsive?

Good

The service was responsive.

The care planning process was person centred and focused on

the person as an individual.

People enjoyed a programme of activities. The coordinator carried out group activities and spent time with individuals.

The service valued any complaints and concerns and used them as an opportunity to improve the service.

Is the service well-led?

Good

The service was well-led.

The registered manager had oversight of the service.

The company used various ways to obtain feedback from people using the service and their relatives so that the service could continuously improve.

The service worked in partnership with other agencies including health professionals, local authority representatives and volunteers.

Kara House Residential Care 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 26 and 28 June 2018 and the first day of inspection was unannounced. This meant the people who lived at Kara House and the staff who worked there did not know we were coming. Inspection site visit activity started on 26 June 2018 and ended on 28 June 2018.

The inspection team consisted of one 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 this type of care service. This person had personal experience of elderly people.

We reviewed the information that we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted the local Healthwatch organisation and the local authority commissioning team to obtain their views about the provider. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. No concerns were raised about the service provided at Kara House residential home.

We spoke with twelve people who used the service, two relatives, a visitor and 14 members of staff; including the registered manager, a director, two senior staff, four care workers, members of the administration team, maintenance and domestic staff and the cook. Several residents had communication difficulties or dementia and were not able to communicate with us, therefore we observed the way people were

supported in communal areas and looked at records relating to the service.

Some people who used the service were unable to tell us about their care therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who cannot tell us about their care. We observed care and support at lunch time in the dining room. We looked at the kitchen, the laundry, a number of people's bedrooms with their permission and saw the outside spaces available for people using the service.

We reviewed five people's care records in detail. We looked at four staff recruitment files and records in relation to staff training, supervisions and appraisals. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members.

We looked at the systems and processes in place for monitoring and assessing the quality of the service provided by Kara House and reviewed a range of records relating to the management of the service; for example, medication administration records (MAR), maintenance records, audits on health and safety, accidents and incidents, policies and procedures, complaints and compliments.

Good

Is the service safe?

Our findings

People told us they felt safe living at Kara House care home. They appeared relaxed and comfortable in the company of staff. When asked if they felt safe people told us, "I feel totally safe", and "I'm safe yes; [I've] not had a fall here." A relative and a visitor we spoke told us that that they were happy with the care provided and had no concern of safety issues for their family members.

On the days of our inspection we saw there were enough staff on duty to meet people's needs. People we spoke with told us there were enough staff available when they needed help and support and added that staff responded to their needs in a timely manner. We spoke to people who preferred to stay in their rooms and they considered there were enough staff. They told us that staff checked on them at regular intervals during the day to make sure they were safe and to bring them meals and drinks. We saw this was the case on entering someone's room on the second floor, as we activated a door alarm. A member of staff attended very quickly to check that the person was safe.

We saw electronic rotas were in place that listed all staff, their roles, contracted hours and rota for the week. The current week's rota was displayed on the staff noticeboard. We judged that sufficient staff were deployed to meet the assessed needs of the people using the service. This meant that people could expect consistency from a group of staff who understood their care and support needs.

The home had effective systems for ensuring concerns about people's safety were managed appropriately. Records showed potential safeguarding concerns had been reported promptly to other agencies such as the local authority and The Care Quality Commission (CQC) when these occurred. Staff told us they had received safeguarding training and this was confirmed by information we saw in training records.

All staff we interviewed were aware of and could give examples of the various types of abuse and outlined what they would do if they suspected abuse. They told us they would have no qualms in reporting any concerns to management.

We looked at the care records for five people who used the service. Care records contained individualised risk assessments and risk management plans and we saw that risks had been discussed with either the person or their relative. Care plans contained detailed guidance for staff to follow to minimise risks for people. We saw risks in relation to the falls, eating and drinking and the use of equipment such as hoists, bed rails and wheelchairs. Risk assessments were updated and reviewed following any incidents that occurred. Detailed risk assessments meant that there was a robust risk assessment and management strategy being followed to keep people safe from accidental harm.

A system was in place to record accidents and incidents, such as slips, trips or falls and we saw evidence of this on a spreadsheet updated by the registered manager. The registered manager told us that the outcomes of accidents and incidents were analysed to see what lessons could be learnt and reduce future risk by taking preventative action.

During our visit we looked at the systems that were in place for the receipt, storage and administration of medicines. The days of this inspection were undertaken on extremely hot days and we saw that medicine trollies were not kept in a medicines room due to a lack of space. We spoke with a senior member of staff who showed us that thermometers were kept in each of the trollies to monitor the temperature of the medicines. On the first day of our inspection the two trollies housing medicines were recording temperatures of 27 and 30 degrees.

Medicines can become ineffective if stored if too high a temperature in excess of five days and we discussed alternative methods of storage with the registered manager. Due to the extreme heat the medicine trollies were put in an area accessible only to staff and fans were used to help keep temperatures down. We were assured that the medicines were kept safe.

Each person had a blister pack of medicines and a photograph at the front of their medicine administration record (MAR). We observed staff dispensing medicines during the days of inspection. We saw that staff responsible for administering medicines locked the trolley each time they moved away to dispense medicines. This meant that medicines were administered safely and people using the service were not placed at risk. The service demonstrated people were receiving their medicines in line with their doctor's instructions and from appropriately trained staff. Those who required more encouragement and support received it.

During our last inspection we identified a lack of processes to assist staff to safely administer topical creams. A system was implemented at the time and we saw that this had been developed. Care staff were provided with body charts that detailed which creams to apply, where and when. Charts were colour coded if more than one cream was prescribed for a person. This meant that the likelihood of errors was reduced when staff applied topical creams.

We looked at four recruitment files and found the provider followed a robust recruitment and selection process to ensure staff recruited had the right skills and experience to meet the needs of people who lived in the home. Personnel files were in good order. The correct paperwork was on file in relation to the recruitment process and recruitment records for staff included proof of identity, two references and an application form.

Disclosure and Barring Service (DBS) checks were in place for those employed by the service. DBS checks help employers make safer recruitment decisions to minimise the risk of unsuitable people from working with people who use care and support services. This meant that people who used the service could be confident that staff appointed were suitable to work with vulnerable people.

There was a maintenance member of staff employed by the service and we saw that all required functions of servicing and maintenance were undertaken either them or by external contractors. They told us about the improvements made to the service since the last inspection, including the redecoration of the ground floor corridors, new laminate flooring and the redecoration of a number of the dining area and a number of bedrooms. These improvements to bedrooms were ongoing at the time of this inspection.

Required safety and maintenance checks were being carried out at regular intervals to maintain the safety of people living in the home. We saw that fire extinguishers to the ground floor had been placed in special housings to protect people with dementia even further. The cleaning regimes to water systems and facilities required to ensure people were protected from the possibility of legionella were being carried out by an approved company.

We noted one area of concern for people's safety on the first day of our inspection. We identified three new wardrobes that were not yet secured to the wall and this meant they could potentially topple over or be pulled over. We discussed this with the maintenance man and the registered manager who instigated immediate attention to this. On our second day of inspection we saw that these wardrobes were now secured to the wall.

Each person had a personal emergency evacuation plan (PEEP) which identified the assistance and equipment they would need for safe evacuation and we were satisfied that staff knew what action to take in the event of an emergency, for example a fire.

We saw measures in place around the building to prevent cross-contamination and promote good infection control, including the availability of antibacterial hand gel in communal areas of the home. This helped reduce the possibility of cross infection and promoted good infection control.

Good

Is the service effective?

Our findings

People at Kara House received effective care and support which took account of their wishes and preferences. People and their relatives spoke highly about the effectiveness of the care and support and we received positive comments, "The staff are good and really get to know you."

We found that the correct assessments in relation to capacity and decisions to restrict someone's liberty had been followed. Staff had received training in the MCA and followed the basic principle that people had capacity unless they had been assessed as not having it. The registered manager had a good understanding of the Mental Capacity Act and was aware of their responsibilities.

We saw some good examples of how the service was following the principles of the MCA. We saw that where people could consent to care the resident had signed the care plan accordingly. Where this was not possible care plans contained best interest decisions made in line with the MCA 2005 and in consultation with relatives and other health professionals.

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at Kara House. We saw from personnel records that staff had completed a thorough induction programme at the start of their employment, including a full walk through of the home and access to company policies and procedures. New employees received feedback with probation meetings after four and eight weeks in the role. Any identified issues were noted and discussed, including training completed and any outstanding training. This meant that staff understood their roles and responsibilities within the home and as part of the team.

All new employees covered the Care Certificate standards if this was appropriate. The Care Certificate is a nationally recognised qualification for people working in the caring sector. It provides essential knowledge for care workers to equip them with the required skills and competence to care for people safely and effectively.

We examined a sample of electronic training records and spoke with care staff about the training on offer. Training records showed that staff did mandatory aspects of e-learning training, for example safeguarding, medicines, health and safety and infection control, and these were up-to-date. The registered manager had an overview of the training completed, in progress and any overdue and mechanisms were in place to remind staff in advance what elements of training needed to be completed and by when.

Personal development of staff was encouraged with nationally recognised care qualifications completed at level 2 and 3. We saw that some elements of training were not mandatory but were included in the suite of online training that the home subscribed to. Some staff had expressed an interest in broadening their knowledge and had completed additional elements of training. This meant that people were supported by suitably trained and competent staff.

We could see that staff had received supervision sessions and these were recorded on a supervision matrix.

Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisals were scheduled but had not yet been done. An appraisal is a process which involves the review of a staff member's performance and improvement over a period of time, usually annually.

People were consulted about menus during resident's meetings and the chef told us that any comments were taken into account when planning menus. We saw information was available for the chef and kept in the kitchen in relation to the consistency of food for people and we spoke with the chef who told us about the special diets catered for, for example diabetic and low -fat diets.

People we spoke with expressed satisfaction with the food and drink provided in the home. They told us that meals were good and there was always plenty to eat and drink. We observed a lunch time meal and saw that the food was home cooked and looked appetising. Residents seemed to enjoy their meals and were allowed time to eat at their own pace. We saw that regular hot and cold drinks were served during the day. One person we spoke with told us they were asked what they liked to eat whilst other comments included 'good choices given', 'food is very good, very nice.' People considered the food enjoyable and tasty and told us the chef baked beautiful cakes.

We saw staff offered people a choice of drinks with their meal and throughout the day and staff were monitoring and recording people's fluid and food intake where it had been identified that the person was at risk of dehydration or malnutrition. Recording of food intake was thorough and care records we viewed showed that people's nutritional needs were assessed and monitored to ensure their wellbeing.

We checked to see that the environment had been designed to promote people's wellbeing and ensure their safety. We were told that the physical environment of the home had undergone positive change. People we spoke with considered the décor to the ground floor to be a big improvement. There were photographs in the corridors of people living at Kara House enjoying activities and events with their family members and staff.

People's care records showed that their day to day health needs were being met. People had access to a GP and district nurses visited the service on a regular basis to undertake routine treatments. The home had a good relationship with health professionals and we judged that the service was effective in responding to deteriorations in people's health and involved other professionals in reviews of care.

Good

Is the service caring?

Our findings

All of the people and relatives we spoke with were happy and contented with the care that was offered to them by staff and to their loved ones. People spoke positively about the care provided and about their relationship with staff members and comments from people included, "I'm looked after by staff very much so"; "staff are very good; very thoughtful and show respect" and ""very nice staff; they do chat with me."

One relative we spoke with told us, "[My family member] gets total care from staff. I would not have found a better place to look after [their] best interests". Another relative we spoke with rated the care as 'excellent' and told us, "I cannot praise the home enough." They described how staff had taken time to get to know their relative's personality on admission and how this shaped their care and support. Staff checked on the person more often and asked if they were okay due to their reluctance to ask for help.

Staff we spoke with were able to tell us about each person's needs, likes, dislikes and how they liked to be supported. Staff's knowledge and understanding of each person living at the home helped ensure they could both listen to and communicate effectively with people. We observed care interactions that were kind, and sensitive.

There was a nice, relaxed atmosphere in all areas of the home and outside in the garden. We spent time observing people in the lounges and dining areas of the home and watched the activities that were going on. We observed staff treating people affectionately and heard staff speaking in a friendly manner. Staff displayed respect and admiration for people using the service and we saw that trusting relationships had formed.

The staff team at the home was consistent and relatives told us there was no use of agency staff. We could see that staff had developed an obvious rapport with people, who felt comfortable in staff's presence. People looked clean, well-groomed and appropriately dressed.

Care workers sought consent from people where possible before undertaking care tasks and were kind and caring in their approach. We saw examples of this during our lunch time observations. We heard care workers assisting people telling them what the food on offer was and asking their preference. People who wanted to eat independently did so, whilst staff sensitively supported others to eat their meals in the lounge areas. People weren't rushed. We saw that staff were patient in their approach and checked that people were ready to continue with eating.

We observed that staff had time to sit and chat with people who chose to sit in communal areas and this benefitted people as we saw them laughing and smiling during these interactions with staff. The activity coordinator described to us the ways that they interacted with people who preferred to spend time in their rooms or outside, taking them out for a coffee in the community or spending time chatting in the garden area. Staff were caring in their approach and tried to ensure people did not feel excluded.

We saw that people's privacy and dignity were respected and staff provided us with examples as to how they

achieved this; for example by closing doors, curtains and trying to keep people covered as much as possible when providing personal care. We were assured that people were respected and had their dignity preserved when receiving personal care.

People we spoke with confirmed they were treated with dignity and respect although we witnessed a member of staff did not knock on one person's bedroom door before entering. The staff member opened the door and apologised. As the rest of our observations throughout the inspection were positive, and people told us staff treated them with respect, we were assured that this was a one- off incident. We brought this to the registered manager's attention. The manager said they would remind staff of the need to knock in order to preserve a person's privacy and dignity.

Staff understood the importance of promoting people's independence and encouraged people to do as much for themselves as possible. We observed appropriate moving and handling interactions when staff were assisting residents to move to the dining room and in the lounge areas. People were kept informed and were reassured when being assisted to move using equipment, such as a hoist.

The provider was aware of the importance of ensuring equality, diversity and people's human rights were upheld and incorporated this aspect into an element of staff training. There were policies and procedures in place to assist in meeting this requirement. However, nobody at the service, including staff members, had any protected characteristics as defined by the act. A service user guide was given to people on admission which provided them and their relatives with relevant and useful information about the home.

People told us they felt included and not discriminated against. This was supported by a care worker we spoke with. They told us that everyone had been able to enjoy ice lollies in the hot weather as the home had made some using a thickening agent so that everyone could enjoy them.

Good

Is the service responsive?

Our findings

Care plans we looked at confirmed that a detailed assessment of needs had been undertaken by the registered manager or a senior member of staff before people were admitted to the service. We reviewed whether the care plans were written in a person-centred way. Person-centred care indicates care is specific to the individual concerned. The provider used person-centred plans to support and involve people to make decisions about their care and their lives overall.

We looked at five care plans during our inspection. We saw that care plans contained detailed information, including identified risks, as well as information relating to people's preferences for care and support. A relative we spoke with told us their family member requested only female staff to check on them at night. We saw this was documented on the care plan and rotas we looked at showed us that this need could be met.

People we spoke with were complimentary about the service. One visitor explained to us how well care workers knew their relative and how involved their family member had been in the care planning process. They told us, "It's up to mum – that's what they [the home] say." This showed us that staff had the preferences and wishes of people at the centre when arranging their care and support in conjunction with them.

We saw records which reflected people were referred to a GP when appropriate and people's medicines were reviewed in a timely manner. For example, we saw senior staff identified one person who seemed to be struggling with their medicines due to a deterioration in swallowing. They were referred to a GP who then altered the medicines to a liquid format. This meant the person was kept safe as they could continue to receive their medicines.

We were confident that the home was responsive to changes in people's needs and could see these documented following scheduled reviews of care or following a particular incident, such as a fall. This demonstrated that the service responded to changing needs and made referrals to relevant health professionals to ensure people's safety and wellbeing. A relative told us how their family member had asked to change rooms. The home had placed signage in and around the lift so that the person could access their room on the first floor independently. This had resulted in their relative gaining extra confidence because of this increased independence around the home, to the point where the signs were no longer needed.

Relatives we spoke with expressed no concerns regarding the support provided and said they were always kept up to date with information regarding their family member. One relative we spoke with told us, "They [management] tell me when I visit or ring me up if there are any changes to care or decisions needed."

Staff knew the people they were supporting very well. We heard throughout the inspection examples of people being given, and making, choices about their daily lives and the support they received. Staff were aware of their role and responsibilities and were able to describe the needs of individuals who used the service. During informal conversations, staff spoke about individual residents with knowledge of their

backgrounds, likes and dislikes, as well as their current individual needs and behaviours. They demonstrated to us knowledge of an individual and gave us examples of how they respected people's rights and wishes.

The home employed a bespoke activity co-ordinator who was in the home on the days of the inspection. They were skilled in involving people and we heard people enjoying a game activity, golden oldies sing-a-long sessions, friendly chats and a game of bingo during the two days of inspection.

People we spoke with informed us that the activity co-ordinator had asked for their suggestions on what to organise and these were written on the notice board for all to see. Some people living at Kara House preferred to stay in their bedroom. They told us that the activity co-ordinator often visited and provided them with resources they asked for, for example wool for knitting, newspapers and books. Relatives we spoke with considered there was enough going on for people to get involved with. One person who preferred not to get involved in group activities had been taken to a flower show, as this was their choice.

The weather was hot and sunny on the days of this inspection and we saw people were able to spend time in the garden, if this was their preference. We saw people were offered cold drinks at regular intervals and heard staff offer encouragement to drink these.

We asked the registered manager how the service met people's spiritual needs. They acknowledged that it was difficult to get a member of the church to visit. People could request to go to church if they wished and the home would support this, although requests were not regular. Links had been made with a local school and a volunteer visited each weekend to provide musical entertainment for people. We saw that a valid DBS had been received for the volunteer, as is good practice. This meant that the home had forged links with the community that benefitted people living at Kara House.

Complaints were logged and dealt with according to company timescales and management saw these as an opportunity to improve the service. We were assured that people using the service and their relatives felt comfortable with all levels of management in the company. If they felt it necessary to make a complaint they were confident that this would be addressed.

We saw many examples of positive feedback sent to the home in the form of thank you cards, letters and compliments sent via email. We saw examples of compliments from relatives of people using the service expressing their thanks to management and staff and positive feedback from the police after they had attended the home on one occasion.

There was evidence that people's wishes for care when approaching the end of life had been considered. When we looked at care plans we saw that they included some information about how people wanted to be supported at this time. We saw a number of thank you messages from relatives of people who had passed away, and they were complimentary of the care and support offered by staff at Kara House at this time.

Good

Is the service well-led?

Our findings

At our last inspection we judged that audit processes were not robust enough and the registered manager did not have an adequate overview of the quality of the service. At this inspection we found that things had improved and the service was now compliant in this area. Audit processes had improved. There were systems in place to monitor accidents, incidents or safeguarding concerns within the home. Audits were in place, for example in relation to health and safety and medicines administration and any identified errors or actions had been addressed.

We checked to see if the rating was displayed in the home and found that it was prominently displayed in the foyer. The home did not have a bespoke website on which to display this rating.

We received positive feedback about the leadership and management within the home from staff, people who used the service and their relatives. It was clear that people living at the home knew who the registered manager was and considered they were a regular presence in the home.

The company used various ways to obtain feedback from people using the service and their relatives so that the service could look to improve. Responses from surveys of people their relatives and staff were analysed. We saw regular resident and relative meetings were held and people's opinions sought. Relatives we spoke with felt the communication from management was good as they were 'kept informed' about the care provided and the service.

Through speaking with the care staff team, people who used the service, the administration and maintenance staff and members of the management team it was clear there was a strong team approach in the home. Each person understood their role and how they could support the delivery of care. When asked the question the registered manager told us they were most proud of the whole staff team and the values they displayed.

Staff we spoke with were complimentary of the registered manager. One staff member, "I appreciate the manager; she does a great job." Other staff considered the registered manager to be 'supportive,' 'approachable' and 'fair'. Staff were provided with the opportunity to further develop their knowledge and experience to help them with the caring role and provide a better quality of care.

Every member of staff we spoke with told us they received supervision and records we saw confirmed this. Team meetings were held frequently to provide staff the opportunity to discuss learning and for the registered manager, operations director and senior staff to share any concerns. Incentives were made available to staff in the form of additional payments for overtime. This meant that the use of agency staff was minimal as the staff team covered any absences and holidays for colleagues, thus providing a consistent service to the people living at Kara House.

The registered manager was knowledgeable about the legal requirements of The Health and Social Care Act 2008 and informed CQC about notifiable incidents, as is the law. Surveys were undertaken and we saw

positive feedback from people using the service and their relatives.

The registered manager was looking at ways to continually improve the service, even though feedback we received was positive. We saw numerous examples of how the service worked in partnership with other agencies including health professionals, local authority representatives and volunteers. The latest quality report issued by the local authority was on display on the noticeboard and made available to people, visitors and staff.

Policies and procedures were in place and made available to staff on induction and throughout their employment. We saw that some policies referred to the incorrect regulation of 2009 and not 2014 and brought this to the registered manager's attention. They assured us that all policies and procedures were due for review and any errors would be rectified. We will check on this progress at our next inspection.

In conversation with the registered manager it was evident that they understood their responsibilities. They were aware of the changes to the data protection laws and were working to ensure working practices were compliant with the General Data Protection Regulations (GDPR). For example, PEEPS records in a file in the corridor contained initials instead of full names next to room numbers and care files kept in communal were locked away securely.

Ways of improving practice were communicated to staff by the registered manager in a number of ways, for example in staff meetings, during observations and supervisions. This meant that staff were made fully aware of their responsibilities and company expectations. Similarly, there was a suggestion box in the foyer for staff to use if they felt anything could be improved. This showed us that the management of the service were willing to listen and take on board ideas that staff had, to ultimately benefit people living at Kara House and to improve their quality of life.