B & C Holt Ltd

Kingston Nursing Home

Inspection report

7 Park Crescent
Leeds
West Yorkshire
LS8 1DH

Tel: 01132666520

Date of inspection visit:
27 January 2016

Date of publication:
18 March 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Kingston Nursing home provides 47 beds for older people who require nursing care some of whom are living with dementia.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

Overall, people told us they felt safe and well looked after. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely. We found there were systems in place to protect people from risk of harm and appropriate recruitment procedures were in place.

There were policies and procedures in place in relation to the Mental Capacity Act 2005. Staff were trained in the principles of the Mental Capacity Act (2005), and could describe how people were supported to make decisions; and where people did not have the capacity; decisions were made in their best interests.

There were enough staff to keep people safe. Staff training and support provided staff with the knowledge and skills to support people safely. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

People told us they got the support they needed with meals and healthcare. However, some improvements were needed to ensure the meal time experience was positive for all people who used the service. Health, care and support needs were assessed and met by regular contact with health professionals who spoke highly of the service.

People were provided with social activities and development of personalised activities were underway.

There were systems in place to ensure complaints and concerns were fully investigated. People had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity for learning and improvement.

People were not put at risk because systems for monitoring quality were now effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

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.

People told us they felt safe in the home. Individual risks had been assessed and were managed to ensure people's safety.

There were sufficient staff to meet the needs of people who used the service. Recruitment practices were safe and thorough and staff knew what to do to make sure people were safeguarded from abuse.

There were appropriate arrangements for the safe handling and management of medicines.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Overall, people enjoyed their meals and were supported to have enough to eat and drink. However, the meal time experience was not a positive experience for everyone who used the service.

Staff training, supervision and support equipped staff with the knowledge and skills to support people safely. The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

Health, care and support needs were assessed and met by regular contact with health professionals.

Is the service caring?

Good

The service was caring.

Staff and the management team had developed good relationships with the people living at the home and there was a happy, relaxed atmosphere. People told us they were well cared for.

Staff understood how to treat people with dignity and respect and were confident people received good care. They were polite

and respectful and treated people as individuals.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support to meet their preferences and needs.

A variety of social activities were available to people.

There were systems in place to ensure complaints and concerns were fully investigated.

Is the service well-led?

Good

The service was well- led.

The management team were familiar with people's individual care and support needs and knew people who used the service and staff very well.

Systems for monitoring quality were effective.

People had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity for learning and improvement.

Kingston Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 January 2016 and was unannounced.

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

We also reviewed all the information we held about the home, including previous inspection reports and statutory notifications. We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. 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 contacted health and social care professionals who were familiar with the service. We received positive comments and no-one raised any concerns about the service.

At the time of our inspection there were 44 people living at the service. During our visit we spoke with eight people who used the service, three visitors, six members of staff, the registered manager and the deputy manager. We spent some time looking at documents and records related to people's care and the management of the service. We looked at five people's care records.

The inspection was carried out by one adult social care inspector, a specialist advisor in nursing and dementia and an expert-by-experience who had experience of older people's care services and dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Good

Is the service safe?

Our findings

People who used the service said they felt safe and they liked living at the home. One person told us they had some concerns about how they were treated. We reported this to the registered manager and deputy manager who immediately acted upon this information to make sure the person felt safe. They referred the matter to the local safeguarding authority for investigation and showed they were well aware of their responsibility to do this. Relatives told us they thought their family members were safe at the home. One relative said, "I feel [family member] is safe here; staff are well trained and [family member] has a named nurse."

We saw security systems in place to prevent people who used the service from gaining access to hazardous areas such as stair cases. However, the security buzzers were located high up on the walls and could potentially be difficult for visitors to operate. One visitor said they found them to be too high. We brought this to the attention of the registered manager and deputy manager who said they would look into ways of making them more accessible while still maintaining safety. People who used the service were provided with an alarm to summons help when they were in their room. However when we visited one person in their room, we saw that the alarm was on the floor out of their reach, which meant they couldn't summon help if required. They said, "They're always leaving it like that when they do the bed. It's a bit worrying because I might need them if I wasn't well. It's a nuisance." We informed the registered manager and they made immediate arrangements to rectify this. A fastening was attached to the alarm to make sure it could not fall from the bed. The registered manager said they would also make all staff aware of the situation through the staff handover to prevent a re-occurrence of this situation.

Staff told us they were aware of their roles and responsibilities regarding the safeguarding of vulnerable adults and the need to accurately record and report potential incidents of abuse. They were able to describe different types of abuse and were clear on how to report concerns outside of the home if they needed to. Staff had received training in safeguarding of vulnerable adults. There were effective procedures in place to make sure any concerns about the safety of people who used the service were appropriately reported. We saw safeguarding incidents were reported appropriately to the local authority and the CQC as needed.

Risks to people who used the service were appropriately assessed, managed and reviewed. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. We looked at four people's care records and saw relevant risk assessments had been carried out to minimise the risk of harm to people. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise risk of harm. Staff we spoke with were aware of the risks people faced and what was in place to prevent or minimise them, for example, risks relating to the prevention of pressure ulcers and falls.

There were systems in place to make sure equipment was maintained and serviced as required. We reviewed the home's maintenance file and saw that all documents and certificates were present and within required dates. These included; the electrical inspection certificate, certification for maintenance of fire equipment and the gas safety certificate. In the PIR, the registered manager said, 'We are constantly

reviewing the environment daily. Along with the audits in place the maintenance manager and management team constantly strive to ensure we offer a homely and safe environment for all of our residents by continually making repairs and replacement items within the home.' We saw the home was overall, safe, clean, tidy and homely and people had individualised their rooms in the way they wanted them. We noted, however, the surface temperature of one radiator we looked at was hot and there was no protective cover in place. There was a risk this could cause injury. The deputy manager took immediate action to turn the temperature down and said the temperature valve would be checked and a cover put in place. We saw all other radiators had covers in place to reduce the risk of injury from them. All staff we spoke with said the provider was prompt in attending to repairs.

Through our observations and discussions with people who used the service, their relatives and staff members, we concluded there were enough staff with the right experience and training to meet the needs of the people living in the home. We saw all areas of the home we observed were supervised well by staff. We saw staff's responses to people's requests for assistance were prompt. Staff we spoke with said there were enough staff to meet people's needs, and they did not have concerns about staffing levels.

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.
There were systems in place to analyse and monitor accidents and incidents. Information showed incidents were reviewed for any patterns or trends and ways of preventing re-occurrence such as referrals to the GP or requests for equipment for people.
The home had procedures in place for the safe handling of medicines. Systems were in place to ensure medicines had been ordered, stored, administered, audited and reviewed appropriately. Medicines were securely stored in a locked cupboard and we saw during administration of medicines the medication trolley was locked securely whilst attending to people. Controlled drugs (medicines liable to misuse) were locked securely in a metal cupboard and the controlled drugs log was completed in full with two nurse signatures for each administration with a running total for stock control. This ensured controlled drugs were managed safely. Medication fridge temperatures were documented daily and within safe limits to ensure medications were stored at temperatures that maintained their effectiveness. Boxed and bottled medications were in date, clean and dry with all names and dosages clear and legible.

We reviewed six people's medication administration records (MAR). These showed staff recorded when people received their medicines and entries had been initialled by staff to show they had been administered. We saw no signatures were missing on the MARs we reviewed which meant people received their medication as prescribed. We saw the individual MAR had a photograph of people who used the service with any allergies listed to ensure safe identification. We saw during the medications round pre-breakfast medication was in use for people requiring medication prior to eating. Nursing staff told us of the systems in place to make sure these instructions were followed and people received their medication as prescribed.

Some people received PRN (as and when necessary) medication. We saw documented on the MARs where a PRN administration had been completed, a full explanation was written as to why the medication was administered. We saw one person was prescribed transdermal patches and each administration of the patch was dated, timed and signed with a body map indicating rotation of body site application to ensure no skin irritation occurred. Another person was prescribed a cream and the MAR stated 'See Cream Chart.' The cream chart indicated via a body map, the required site and frequency of application and was signed and dated to show this had been administered as prescribed.

We saw that where a person was refusing medication, a covert policy and plan was implemented in their best interests. Staff could describe the plan and we saw the person's GP had been involved in drawing up the covert medication plan to ensure it was safe for the medication to be administered this way.

Staff who administered medication had been trained to do so. Staff confirmed they received competency checks and the registered manager was aware of the NICE guidance for managing medicines in care homes, which provides recommendations for good practice on the systems and processes for managing medicines in care homes.

Requires Improvement

Is the service effective?

Our findings

Overall, people who used the service were complimentary about the food and menus in the home. Comments we received included; "It's very tasty and filling", "Food is excellent you have a choice of two meals", "Food is great, you can have what you want, when you want" and "I really enjoy my meals." One person said the food was good and well-cooked but it was not what they liked. They said they preferred their family to bring their main meals in. Menus were seen to have choice and options to ensure a varied and balanced diet.

We observed the lunch time meal in both dining areas of the home. The food looked appetising, hot and portion sizes were good. In the downstairs area, dining tables were set up in the middle of the lounge area. Some people chose to have their meals at these tables; others chose to sit in arm chairs with side tables provided. Some people had specialist seating and they moved in this to be at the dining tables. This did at times cause the area to be obstructed to others. We discussed this with the deputy manager who assured us they were trying to ensure people's personal choice of where to eat their meals and this had been risk assessed.

Our observations of the support people received at meal times were mixed. We saw there were enough staff to support people to eat their meals but at times, staff's interaction with people was minimal and they did not explain what food they were giving to people or encourage people to eat. On one occasion we saw staff were sat at a table with people who used the service and working on a lap top computer throughout the meal. They did not engage with people who used the service and give them their full attention. We concluded this was disrespectful. However, on other occasions we saw staff offered friendly, cheerful and polite support. They gave people explanations and showed people the food to help people make choices. Staff responded well to requests for second helpings, encouraged those who were not eating to eat more and respected people's choice to leave the table and walk about with food if that suited people better. We saw people were encouraged to be as independent as they could be when eating and equipment was provided to enable this.

In the PIR, the registered manager said, 'Residents have enough to eat and drink throughout the day and at night if required and meals are appropriately spaced or flexible to meet their needs. Residents have a well-balanced diet that promotes healthy eating. Residents are involved in decisions about their nutrition and hydration needs.' During our inspection we saw there were regular snacks and drinks offered to people to ensure nutritional and hydrational needs were met. One person told us they did not like what was on the menu, they said, 'They know I like spicy food so they get it from [name of supermarket] and microwave it for me.' A relative told us their family member had been losing weight and the nursing staff were looking at ways to encourage them to have a more nutritional diet. We did however, note that one person had not received their breakfast at the time they wanted it. Investigations showed this person had been overlooked. We brought this to the attention of staff and the manager and arrangements were made to ensure the breakfast was served. There was not much of an interval between the breakfast and then the lunch arriving which meant this person had two meals taken close together. We brought this to the attention of the registered manager who said they would make staff aware of the need to provide meals at intervals which

would make sure nutritional needs were properly met.

People who used the service were able to express their views and make decisions about their care and support. We saw people were asked for their consent before any care interventions took place. For example, people were asked if they were ready to take their medication or if they wanted to sit at the table for their lunch. Staff showed they understood the ways in which people indicated their consent. We saw they respected people's choices and gave people time to consider options.

Staff showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions. However, one person who used the service said they did not seem to get a choice over what they had to drink or what they had for breakfast. We discussed this with the registered manager who then discussed this with the person. It was identified there had been some confusion regarding likes and dislikes and the registered manager made sure the person's preferences were updated in the care plan and all staff were informed of the change to ensure this person's choices and preferences were met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw evidence in people's care plans that individual capacity was assessed and reviewed regularly. Where people did not have capacity to give consent we saw best interest decisions had been appropriately made and documented.

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 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. We saw DoLS were in place or DoLs authorisations had been requested when it was identified people who used the service lacked the capacity to make certain decisions.

We spoke with staff about the MCA. They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions to enhance their capacity. For example, making sure people were supported and given time to make decisions such as what to wear, what to do and what to eat and how they did this. Staff spoke about always making sure everything they did with people was in their best interests. Staff said they had received training on the MCA and the records confirmed this.

Records showed arrangements were in place that made sure people's health needs were met. In the PIR, the registered manager said, 'We make appropriate referrals to different agencies when required for example all residents have an annual check-up with the optician and dentist who visit the home. The tissue viability nurse and dietician are involved when required. We also have a community mental health nurse who visits the home regularly or when required. Referrals can be made by the nurse in charge without GP's authorisation if advice and support are required.'

Staff told us people living at the home had regular health appointments and their healthcare needs were carefully monitored by prompt action in response to any ill health. This helped ensure staff made the appropriate referrals when people's needs changed. Records showered there was prompt referral to GPs

and dieticians in response to weight loss and those who were nutritionally at risk.

Health professionals we contacted spoke very positively about the home. Comments included: "Their care is holistic, looking at each individual in context rather than just the symptoms or the conditions troubling that individual" and "The home is well organised and has good systems to organise care and document it. They call doctors appropriately when urgent, and recognise when routine matters can wait for the next routine visit."

Staff told us they received good training and were kept up to date. Staff said they felt they received the training they needed to meet people's needs and fulfil their job role. There was a rolling programme of training available which included; moving and handling, safeguarding, mental capacity and DoLS, equality and diversity, basic first aid and dementia. There was a plan in place to ensure staff received refresher training in all mandatory topics at appropriate intervals. We saw staff undertook a comprehensive induction programme which covered all areas of mandatory training before commencing work with people who used the service.

Staff said they received regular one to one supervision and annual appraisal. The registered manager confirmed there were systems in place to ensure this. Staff said they found this useful and a good opportunity to discuss their training needs. Records we looked at confirmed this.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy living at the home and staff were kind and caring. One person said, "I am happy and content, they are lovely staff. The lasses are great." Another person said, "I've no complaints. The staff are very kind, very nice." A third person told us, "It's a very nice place, they look after me. The staff are very kind and I get on well with them. I ask them about their families and they like that." They did however; say that some staff were nicer than others.

Relatives we spoke with were overall complimentary about the staff and the service. Comments we received included; "I'd say they look after him to the best of their ability. The staff are pleasant", "I come every day and I'm always made to feel welcome" and "I'm always made welcome, they make me a cup of tea and get me a taxi." One relative said they thought their family member was sometimes in need of a shave and haircut but said they were generally clean and tidy.

We observed staff were caring, encouraging and supported people's needs well. Staff knew each person by name and some staff showed a great rapport with people. They were enthusiastic in their communication and showed a genuine interest in people who used the service. We saw a staff member sat with a person listening to music and they started singing and smiling which resulted in the person who used the service becoming very animated and singing with them.

People who used the service were happy, relaxed and at ease with the staff. We saw staff talking to people who used the service in a friendly and respectful manner; they knew people's needs well. Throughout our inspection we observed staff knocking on doors, addressing people by name and discussing care and support needs discreetly. We observed a staff member assisting a person to the bathroom in a calm and relaxed manner, not rushing them and speaking to them kindly about lunch.

People looked well cared for, clean and tidy which was achieved through good care standards. People were dressed with thought for their individual needs and had their hair attractively styled. We saw staff responded to people promptly and discreetly when care interventions were required. Staff said they provided good care and gave examples of how they ensured people's privacy and dignity were respected. They said they were trained to give care in this manner. One staff member said, "We are trained well and standards of care are always being checked by [name of registered manager] and [deputy manager]; they work with us to make sure." Other staff told us how much they enjoyed their work and providing good care for people. One said, "I just love working with elderly people and making a difference to their day; this is a great place to do that." Another said, "I have worked here for many years and I know all the residents really well". They feel like my family now and I just want every day to be happy for them."

In the PIR, the registered manager told us they encouraged people who used the service and their relatives to be involved in care planning and reviews of care plans. Our review of care records showed family were contacted regarding any changes to care/care plans and this was documented. Relatives we spoke with were unaware of care plans but all confirmed they were consulted by telephone when changes to care was required for their family member. We saw there were systems in place to ensure timely reviews of people's

needs.

The registered manager was aware of how to assist people who used the service to access advocacy support and spoke of how they had done this. We saw information was on display in the home on a local advocacy service people could access if they wished.

Good

Is the service responsive?

Our findings

At our last inspection in October 2014 we found people were not fully supported to be involved in person-centred activities that met their needs. This was a breach of Breach of Regulation 9 (Planning and delivery of care); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (which corresponds to Regulation 9 (Person centred care of The Health and Social Care Act 2008) (Regulated Activities) Regulations 2014. At this inspection on 27 January 2016 we found the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 9 described above.

Most people who used the service said they were satisfied with the activity on offer to them in the home. However, some people and their relatives thought there needed to be more to do. One relative said, "Entertainment is good but it is all group activity. They are not using the outdoors like they used to." A person who used the service said they would like to get out more. The deputy manager told us of the changes they had introduced in the home to improve activity and entertainment for people. They said they now had most of their activity provision provided by external providers. We saw this included; regular exercise classes, entertainers, singers and reminiscence groups. The deputy manager said care staff were trained in activity provision and files on how to organise group activity were in place. On the day of our visit we saw staff organised an exercise to music session. People who used the service engaged well in this and showed their enjoyment of it. We saw activity files for each person who used the service were in progress; these identified what people liked to do. We were also told church services were regularly held at the service and ministers visited regularly with communion for those who wanted it. A church service was held on the day of the inspection.

In the PIR, the registered manager said they were hoping to improve the service in the future by having more outings in the community. They said they had begun to discuss this at relatives/residents meetings and cost was proving to be an issue. They said, 'Some are for and some against due to the cost implications. May need to look at fundraising for the outings.'

Around the corridors, we saw many pictures, murals and inspirational reminiscence objects that would prove both stimulating and reassuring for those living with dementia. On the upstairs floor we saw a wall length mural of a garden and the sound of bird song being played continuously. This gave a pleasant impression of airiness and outside space. The home had two cats and we saw many people who used the service interacted with them; stroking and embracing them. There was also a parrot in the main lounge of the home. We heard both positive and negative comments about the parrot; one person told it to be quiet when it was noisy.

Staff told us they had time to be involved in activities with people who used the service. They said they were encouraged to do this and encouraged to spend time on a one to one basis with people who did not like to get involved in group activity. Staff said they regularly spent time with people who chose to stay in their rooms. However, one person who used the service said they did not have much time spent with them in this way. We reported this to the registered manager who began discussions with this person to ask them how they would like to be supported in more one to one activity.

Records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit. This information was then used to develop individual care plans which contained clear guidance for staff on delivering appropriate care and support to people. The care plans were held electronically and all staff had good access to them.

We looked at the care records for five people who used the service. Care plans contained details of people's preferences, routines and information about people's health and support needs. Information was person centred and individualised. For example, one person's plan stated, '[Name of person] likes to drink out of a beaker with double handles with no lid. For breakfast he enjoys cornflakes or rice crispies with sugar and milk.'

Staff were provided with clear guidance on how to support people as they wished. For example, where a person was as assessed as being at risk of becoming isolated due to communication problems, the care plan stated '[Name of person] continues to communicate her needs using her I Pad.' Staff showed a good knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person we asked about. This included individual ways of communicating with people, people's preferences and routines. Staff said they found the care plans useful and they gave them enough information and guidance on how to provide the support people wanted and needed. Staff's comments included; "Care plans have very good detail, we have good access to them via the computer which means we can update them as things happen to make sure all care is current", "Care plans have good information, good detail, have everything you need to know about people in them" and "Great care plans, plenty of detail and helps you get to know people as people."

The home had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. We looked at records of complaints and concerns received in the last 12 months. The records showed issues raised, actions taken and how this and outcomes were communicated back to people who had raised concerns. The registered manager had identified a pattern regarding the concerns; laundry items being misplaced. In response to this they had employed more laundry staff and re-iterated the importance of taking good care of people's laundry. During our visit, a person who used the service said laundry was OK. However, two relatives said they still had concerns about laundry items going missing. We informed the registered manager and they said they would investigate further.

Staff confirmed they were kept well informed on issues that affected the service. They said they were given feedback on the outcome of any investigations such as complaints, accidents/incidents and safeguarding concerns. The registered manager and deputy manager both demonstrated a good understanding of how complaints and concerns can drive improvements in the service. In the PIR, the registered manager said, 'We learned from our mistakes and move on. For example we had a recent safeguarding complaint from the hospital and following our investigation we were able to pull our resources together and learned from our mistakes. Root cause analysis found that communication among staff wasn't as effective as it should be. We therefore acted upon this and all staff then completed the communication standard of care certificate to make them aware and understand the importance of working as a team and communicating with others.'

Good

Is the service well-led?

Our findings

At our last inspection in October 2014 we found there were risks to people who used the service because systems for monitoring quality were not always effective. This was a breach of Breach of Regulation 10 (Assessing and monitoring the quality of service provision); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (which corresponds to Regulation 17 (Good governance); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 27 January 2016 we found the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 10 described above.

We looked at the systems of audit in place in the home and saw these had improved. They included medication, infection prevention and control, care documentation and kitchen audits. We saw documentary evidence these took place at regular intervals and any actions identified were addressed through effective action plans to improve the service. The registered manager said, "Any discrepancies I find on my monthly audits, I act on immediately and the staff know that." In the PIR the manager reported on the home's more effective systems of audits. They said, 'The management carry out many audits throughout the year to ensure the Home is safe, clean, friendly, and focused on meeting the residents needs at all times. These audits are thorough, actioned, acted upon, cross referenced and signed off when completed.' Records we looked at showed this to be the case.

We were told the provider visited the home regularly to check standards and the quality of care being provided. The registered manager and staff said they spoke with people who used the service, staff and the registered manager during these visits. We saw a record of the visits was made showing clearly any actions identified to improve the service. For example, environmental issues and repairs. In the PIR, the registered manager said, 'We also have a Provider Audit and meeting on a monthly basis. This is an audit carried out with the management and the provider where by a full inspection of the home is carried out focusing on environment, cleanliness, equipment, residents presentation and staff interaction with residents. This also has given chance for the provider to interact with residents and staff on any concerns and if and where improvements may need to be made.'

There was a registered manager in post who was supported by a deputy manager and a team of registered nurses and care staff. The registered manager and deputy manager had been in post at the home for a number of years and knew the people who used the service well. During the inspection the registered manager and deputy manager were visible around the service and appeared to have a constant overview of how things were running. They had developed good relationships with people who used the service, relatives and staff which was demonstrated through their communication with them.

Staff spoke highly of the management team and spoke of how much they enjoyed their job. One staff member said, "I love working here, all-time best job, ever." Another said, "I so enjoy it here, great place, great support, I love it." A third staff member said, "I really love working here, the manager is one of us and spends a lot of time around the home with the residents." Staff said they knew what was expected of them and understood their role in ensuring people received the care and support they required. One staff member

said, "[Name of registered manager] will certainly let you know if they are not happy with your work, she's all for the residents, they come first."
Staff said they felt well supported in their role. They said the management team worked alongside them to ensure good standards were maintained and the registered manager was aware of issues that affected the service. Staff said the registered manager was approachable and always made time for them. They said they felt listened to and could contribute ideas or raise concerns if they had any. Staff were aware of the whistleblowing policy (whistleblowing is when a worker reports suspected wrongdoing at work.) but said they didn't feel they would need to use it as they had every confidence the registered manager would deal with any concerns raised. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home.

People who used the service and their relatives were asked for their views about the care and support the service offered. The care provider sent out annual questionnaires for people who used the service and their relatives. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in 2014 and saw there was a high degree of satisfaction with the service. Any issues brought up were seen to be acted upon. For example, a person expressed a preference about food choices and it was documented this had been discussed with the chef for action. The registered manager said 2015's survey had just been completed and they were in the process of analysing the returned questionnaires. The registered manager said any suggestions made through the use of surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted.

We saw the home had received a number of thank you cards in the last year. Comments on those included: 'Our sincere thanks to everyone for taking very good care of our lovely friend, [name of person], 'They always listen and sort it out without you feeling they do not care' and 'I have no hesitation to recommend Kingston Nursing Home because of the hard work and dedication of [name of manager] and [name of deputy manager] and of course all the team.'

In the PIR, the registered manager told us they held annual relatives and residents meetings. They also said they were now hoping to provide these twice yearly. They said, 'Overall we hope this will improve our service through better communication with our Residents and Relatives, Raise our standards and ensure that Residents care needs are met.' People who used the service and their relatives confirmed there had been meetings but said these were not very often. We looked at some minutes of these meetings and saw this was an opportunity for people and their relatives to comment on the service. Minutes showed discussions took place on activities, staffing in the home, menus, outings and explanations of the benefits of involvement in care planning and reviews.