Care UK Community Partnerships Ltd

Knebworth Care Home

Inspection report

59 London Road
Woolmer Green
Knebworth
Hertfordshire
SG3 6JE

Tel: 03333218602

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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

This inspection was carried out on 12 June 2018 and was unannounced. The service had been inspected under their previous registration and provider in 2017 and were rated as Good. This was the first inspection under the new registration with the new provider, Care UK Community Partnerships Limited. We found that they were meeting all the standards.

Knebworth Care home 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.

Knebworth Care Home provides accommodation for up to 71 older people, some of whom live with dementia. The home is registered to provide nursing care. At the time of the inspection there were 50 people living there.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

People, relatives and staff felt that the service was well run. There were systems in place to monitor the quality of the service and address any shortfalls. The management team worked with other agencies to improve and maintain standards.

People felt safe and were supported by staff who knew how to reduce risks and there were effective infection control practices. Lessons learned were shared and any incidents were reviewed.

People were supported by sufficient staff who were recruited safely. Medicines were managed safely in most instances. We found that staff were trained and had regular supervision.

The principles of the Mental Capacity Act 2005 were adhered to and people's choices were respected. People were involved in their care.

People were supported to eat and drink enough and risks of malnutrition were monitored. There was regular access to health professionals and the design of the building suited people's needs. People were treated with dignity and respect. Privacy and confidentiality was promoted. We found that staff were kind and friendly.

People's care needs were met in a way they liked. Individual care plans included the appropriate information to help ensure care was provided in a person centred and safe way. Where people were supported at the end of their lives, this was done with dignity and kindness. People enjoyed the activities

provided. We found complaints were responded to and feedback was sought.

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 felt safe and were supported by staff who knew how to reduce risks.

People were supported by sufficient staff who were recruited safely.

Medicines were managed safely in most instances.

Lessons learned were shared and any incidents reviewed.

There were effective infection control practices.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and had regular supervision.

The principles of the Mental Capacity Act 2005 were adhered to.

People were supported to eat and drink enough and risks were monitored.

There was regular access to health professionals and the design of the building suited people's needs.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

Staff were kind and friendly.

Confidentiality was promoted.

People were involved in their care.

Is the service responsive?

Good

The service was responsive.

People's care needs were met in a way they liked.

Care plans included the appropriate information to help ensure care was provided in a person centred and safe way.

Where people were supported at the end of their lives, this was done with dignity and kindness.

People enjoy the activities provided.

Complaints were responded to and feedback was sought.

Is the service well-led?

Good

The service was well led.

People, relatives and staff felt the service was well run.

There were systems in place to monitor the quality of the service and address any shortfalls.

The management team worked with other agencies to improve and maintain standards.

Knebworth 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

The inspection was unannounced and carried out by two inspectors and an expert by experience. An expert by experience is a person who has experience of using this type of service or supporting a person using this type of service.

During the inspection we spoke with six people who used the service, two relatives, 10 staff members, the operations support manager and the registered manager.
We received information from service commissioners and health and social care professionals. We viewed information relating to six people's care and support. We also reviewed records relating to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us due to their complex health needs.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person said, "Well I suppose I feel safe because of all the people around me, we are like a little community here, I don't have any concerns, if I had, I would feel confident in approaching a member of staff." Another person said, "I feel safe I have my own room, the people here are very nice, I have never seen any un-kindness to anyone." We observed people respond to staff and they were comfortable and happy to see them. Relatives told us that they felt people were safe.

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to confidently describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the home and was accessible to staff and visitors alike. One staff member told us, "The numbers we would need to report abuse are available in the office and posted around the home. To be honest I think this home would be very quick to act though."

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly. Risk assessments were in place for areas including falls, skin integrity, the use of equipment and going out. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. We noted that all accidents and incidents were reviewed to ensure all remedial actions had been taken and the risk of a further incident was reduced. The provider had introduced a new system to log all accidents and incidents and staff had been trained to know which events needed to be reported. The registered manager told us that due to the staff knowledge being improved there had been an increase in numbers and reporting indicating that the training had been effective and the management team were kept informed.

People who had been assessed as requiring bedrails on their beds to prevent them falling had protective covers over the rails to reduce the risk of entrapment. A person was assessed as requiring bedrails and agreed to them to help prevent falls from bed following a fall. However, this was reviewed at 01:45 on the following day when staff found the person with their legs over the bed rails trying to get out of bed having forgotten to ring the bell for staff assistance. The bed rails were considered to be an unsafe option for this person and were lowered. A sensor mat was put in place to alert staff when the person started to move from their bed and the bed was lowered to the floor as far as possible. The information was then communicated to the staff team at handover in the morning. This indicated that staff reviewed people's risk assessments when they were needed to help promote people's safety.

We checked a random sample of pressure mattresses for people who had been assessed as being at risk of developing pressure ulcers and we found that they were at the appropriate setting for their weight. Records confirmed that people were supported to reposition at regular intervals and staff told us this was effective as no-one living at the home had any pressure ulcers at the time of the inspection. Information for staff to follow in relation to pressure care management was clear. For example, one plan stated, 'Staff to check person's skin twice daily when applying moisturising cream for any skin damage or redness. Report any

concerns. Four hourly repositioning, air mattress on soft setting.'

There were regular checks of fire safety equipment and fire drills were completed. There was a log of staff names to ensure that all staff received a drill in accordance with the company policy of two per year. Staff knew how to respond in the event of a fire. The service had introduced a 'Grab Bag' for in the event of an emergency and this contained all information needed to support people safely and the homes contingency plans. However, we noted that one person had an oxygen concentrator and they wanted to store this in contradiction to safe guidance from the supplier. As a result, this increased the risk of this equipment overheating and potentially causing a fire. The management team had completed a risk assessment and explained to the person the consequences however it remained the person's preference to store the equipment in their preferred way. To try and manage this they had introduced hourly checks where staff checked on the equipment to ensure it was still working safely. However due to the risk we advised the provider to liaise with the fire service for advice. They contacted the fire officer during the inspection and were awaiting a call back. In addition, we noted that the person's cylinder was free standing. During the course of the inspection they ordered a storage rack to ensure this was unable to fall over. They also told us that they would review the storage of cylinders in the medicines room to ensure they were secure and not able to fall over. Staff had a good understanding in relation to working with oxygen and safety considerations. The provider ensured that other checks, such as electrical or health and safety assessments, were also completed to help maintain people's safety.

People told us that most of the time they felt there were enough staff to meet their needs. One person said, "I do ring my call bell there can be a little wait sometimes, I think that's down to staff shortages, but luckily they all seem to be the same staff in the day, I think some agency workers are on duty at night." Relatives told us that there were enough staff available to meet people's needs. Throughout the course of the inspection we noted that there was a calm atmosphere in all units in the home and that people received their care and support when they needed it and wanted it. Call bells were answered in a timely manner and staff went about their duties in a calm and organised way.

The staff told us that there were usually enough staff available to meet people's needs. One staff member said, "Since Care UK took over there have been a lot of staff changes. The new staff have fitted into the team really well. It feels that we are part of a family rather than a care home. There are plenty of staff, more than enough." However, two staff members told us there had been occasions in the last few weeks where there had been staff shortages. Staff said this was not a reflection on the management team but that colleagues had called in sick ten minutes before their shift had been due to start which meant it was not always possible to source a replacement. We discussed this with the registered manager who was aware of the issues and was working to resolve them. There was a number of new staff due to start who were about to complete their induction.

Safe and effective recruitment practices were followed to help make sure that all staff were suitable for working in a care setting. The provider ensured all required documentation was received before a member of staff commenced employment. This included written references and criminal record checks.

People's medicines were managed safely in most cases. People told us that they received their medicines when needed. One person said, "Yes I get my medication on time they are like clockwork." Medicines were stored safely and administered by trained staff. Staff received regular competency assessments. We found that there were daily counts in place and these helped identify any discrepancies. There was also a twice daily review of the medicine records to ensure any gaps were identified. We checked a random sample of boxed medicines and those in the pharmacy blister packs and found that most stocks were accurate with the records. However out of the 20 boxes we counted, four boxes contained the incorrect quantity according

to records. For example, one person's paracetamol record stated 138 tablets but our physical count found 140. We noted that this unit was the only one to not have a weekly stock audit completed in June. We raised this with the management team to follow up.

There were systems in place to help promote infection control. These included cleaning regimes and schedules and training for staff. We saw that staff used gloves and aprons appropriately and the home was clean and fresh on the day of our inspection.

Lessons learned were shared at team meetings, supervisions or as needed. This included alerts sent to staff by the registered manager and staff had signed the alert to demonstrate they had read it. We noted that any issues were discussed and remedial actions put into place. For example, two unexplained bruises that had not been recorded in the care notes but had been identified by the nurse in charge. The investigation reviewed that the person was taking medicine that increased the risk of bruising and that the bruises were not in the form of finger marks or any specific marks.

The learning taken forward was that all marks and bruises had to be documented immediately when they were seen. People's skin integrity had to be observed during all moving and handling activity and personal care interventions. Staff were prompted to ensure that people had robust care plans around skin integrity and a GP review was arranged where a concern was raised. Care records reviewed as part this inspection showed that this learning had been embedded into daily practice.

Good

Is the service effective?

Our findings

People and their relatives told us that they felt staff were skilled and knowledgeable to support people living at the home.

Staff received training to support them to be able to care for people safely. This included basic core training such as moving and handling and safeguarding as well as specific training modules such as end of life care and continence awareness. One staff member said, "There is constant training both e-learning and face to face. I did MUST and Waterlow training last week for example. The new provider has really ramped up the training." However, another staff member told us that they had not had any training since their induction when they had started at the home over a year ago and that the majority of that had been via e-learning. We noted that the homes training matrix showed that training compliance was over 90% in most areas.

A recently recruited staff member told of a two week training programme undertaken before they started to work at the home. They said that despite having had previous care experience they had found the training programme to be really good and said, "They didn't just drop me in at the deep end."

Staff confirmed that there was a programme of three monthly staff supervision in place, all staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time.

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 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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager demonstrated a clear understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful and they had their human rights to freedom protected. The appropriate applications and documentation was in place.

Staff were knowledgeable about capacity, best interest decisions and how to obtain consent from people with limited or restricted communication skills. One person told us, "The [staff] are very respectful they will ask me to choose what I would like to wear, they always talk me through things, they are very chatty, especially when they help me in the mornings." We noted that this person was very smartly dressed, lipstick had been applied and their nails were painted, their clothes were matched nicely with accessories.

Staff explained what was happening and obtained people's consent before they provided day to day care

and support. Staff offered people choices each day even when they were assessed as not having capacity to make some decisions. Staff acknowledged that this did not mean they could not make any decisions and how they wanted to spend their day, what to eat and what they wanted to wear.

For some people 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) decisions were in place, and it was clear that people had been involved with making the decisions and, where appropriate, their family members as well.

The home was designed in a way so that people could move around easily, whether this was independently or with the use of mobility aids. Equipment was well situated in bedrooms and bathrooms to enable people to be independent where possible. There were large comfortable lounges with ample seating for everyone and designated dining areas so people could enjoy a meal together if they wished. The environment throughout the home was warm and welcoming and appropriate for the people who lived there. People's individual bedrooms included personal items to help create a homely feel. People had memory boxes outside their rooms which help other get to know them as people. We found that the registered manager also had one outside their office so people, visitors and staff could get to know them too. There was an accessible garden that people had enjoyed in the better weather and a coffee shop area that we saw people using and helping themselves to drinks.

People were supported to enjoy a variety of food and their individual likes, dislikes and dietary needs were well known by staff. One person told us, "The food is good, home cooked fresh vegetables, we have a choice of soup first, if we wish, then a main and a pudding, if ever I have fancied something else they will always offer to make it for me, the chef is very good, if you say, want to cut out potatoes, you can ask for double the amount of vegetables, they are very accommodating, I have put weight on, in a good way, since I have been here." Another person said, "The food is lovely, always nice and hot, plenty to eat and drink here, you don't go hungry."

People were provided with a good choice of food and they were supported to choose where they wanted to eat their meals. Throughout the day we noted there was good communication between staff and the people who used the service and they offered people choices; these were respected which contributed towards people feeling that they had control in their lives. For example, during lunch service people were provided with a choice of two main courses, two desserts and accompanying drinks. Where people struggled to understand the choices offered we noted that staff provided them with plated options so that they could make meaningful choices based on the look and smell of the food. We noted that some people opted to eat in the communal dining room and some chose to eat in their rooms. One person told us, "I eat quite a lot in my room, they will never forget to give me a cup of tea, they will always come and see to people in their rooms, as well as in the dining room, we're not forgotten."

We observed the lunchtime meal served in a communal dining room and we noted that people were provided with appropriate levels of support to help them eat and drink. This was done in a calm, relaxed and patient way that promoted people's independence as much as possible. We heard staff interacting with people in a kind and considerate manner indicating that nothing was too much trouble. People were offered seconds and the option to try the other choice on the menu after they had finished their meal. Tables were nicely laid with cloths and condiments were on the tables to support people to be independent.

Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. We noted that these assessments were kept under review and amended in response to any changes in people`s needs. We found that staff were aware of people's dietary needs and the need for a thickener in drinks for people at risk of choking or aspiration.

People assessed as being at risk of dehydration had individual fluid intake targets calculated. These were totalled up each day to help ensure that each person took enough fluids to maintain their health and wellbeing.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. For example, GP, speech and language team (SALT) and a chiropodist. One person told us, "You can see a doctor whenever you want one and they will take you to a hospital appointment if there is no-one else to take you, they are very good like that, they go out of their way to help us."

Good

Is the service caring?

Our findings

People told us that staff were kind and caring and we noted that people were relaxed in the company of staff. One person said, "I'm very happy here, they know me as an individual not just another person that lives here, they care to ask about my life, what I have done and where I have been, they respect me and my visitors and my privacy. I would say, that nearly all of the staff that care for me, are regular ones, there might be the occasional staff at night from an agency that I don't know." Another person told us, "They are very attentive, even if I'm in my room they will come and find me for cups of tea, tell me lunch is ready and make sure I know what activities are on and if I would like to join in, they are very caring people, it's a lovely place to be, a kind word and a cuddle is always on board here." Relatives told us that staff were kind and attentive.

Staff were calm and friendly with people and we observed them interact with people in a warm and caring way. We found that when staff went into people's rooms when they were resting, they very gently woke them so that they could offer them a drink. We heard staff ask if they would like 'a little more' and thanked the person when they had supported them. We observed staff interact with people in a warm and caring manner listening to what they had to say and taking action where appropriate. For example, a person in the lounge area called over that they felt it was a bit chilly. A staff member we were talking with excused themselves and went to the person to close the window next to them. They chatted with the person about the weather over recent days, checked they were comfortable and returned to the conversation. A relative told us, "I only have lots of praise to tell you about this home, firstly of course it's sad if your loved one has to give up their home and have to be looked after, but its immensely re-assuring when you know they are very well looked after. My [relative] is always lovely and clean, their hair is cut very stylishly, clothes are always matched right down to her beads and bangles and her scarves." They went on to say, "Whenever we come the staff are always busy with the residents doing something like arts and crafts, my [relative's] use of her hands are not very good and they always encourage her to use them in some way like today she has painted, her health is monitored and her morale is boosted by the [staff] they are very caring."

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible. One person told us, "They are polite and respectful, even if my door is open they will still knock." During our inspection we noted that staff were always courteous and kind towards people they supported and to their colleagues creating a pleasant atmosphere in the home. We saw staff promoting people's dignity and privacy by knocking on people's doors and waiting before entering people's rooms. People's records were stored in the office and electronically in order to promote confidentiality for people who used the service.

People and relatives where appropriate, were involved in planning their care. Plans detailed ways in which staff could try to encourage people's involvement by offering choices and supporting them to live independently where possible. One person told us that their wheelchair enabled them to maintain their independence.

People were encouraged maintain relationships in whatever form they took. This included with family

members and friends. Relatives and friends of people who used the service were encouraged to visit at any time and felt welcome. We noted from the visitor's books and our observations on the day that there was a regular flow of visitors into the home.

Good

Is the service responsive?

Our findings

People and their relatives had been involved in developing people's care plans. People's care plans were reviewed regularly to help ensure they continued to meet people's needs. We saw that people's relatives were kept informed about matters that affected people's care, support or wellbeing. For example, where a person had fallen from bed there was a record to say staff had spoken with the person's relative and shared the actions taken to help safeguard against a recurrence.

The care plan review process was called 'Resident of the day'. This involved all aspects of a person's life at Knebworth Care Home including risk assessments, updating the care plan summary, care outcomes, resident satisfaction, relative input, with SU agreement, life story, interests. For example, one plan stated, '[person] likes to listen to his record player and also likes his TV on'. Mealtime choices and dining with dignity was considered, general housekeeping and laundry and maintenance issues, which included checking the pressure relieving mattress. Staff from all departments in the home were involved such as key worker, activity co-ordinator, chef, housekeeping, maintenance and the registered manager were involved. Each person signed off that their department had reviewed the appropriate area.

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs. For example, a person's care plan stated that they did not like to wear pyjamas and advised staff of alternative clothing they liked to wear at night. There was information in another person's plan about the items they had in their room and how they had collected these things throughout their life. The plan encouraged staff to talk with the person about them. We found it captured the whole person and not just their needs. The care plan went on to say what the person's previous employment had been and how this could be reflected within activities provided in the home. We reviewed the activity records and saw that the person had been offered the opportunity to partake in these activities but had declined.

People told us that their needs were met. One person told us, "They are very kind to me they help me get washed and dressed, they put these bangles on me and my scarf this morning, I've had a lovely shower." Another person said, "The [staff] are lovely so caring and so attentive they come to my room always knock first, they do come and have a chat if they have time, mostly in the mornings when they wash me, they always wear gloves and cover me up so I don't get cold, I like a shower more than a bath, I can have one every day if I like." A third person said, "They are very caring they come into my room always knock first, they help me to get washed and always take their time with me, not rushing me, they talk to me in a very pleasing way, like family would do, I can't fault them, they include you in everything they do."

Relatives also told us that people's needs were met. One relative said, "My [relative] is very well looked after [they have] been here nearly [number] years, the care is second to none, [their] food and fluid intake is recorded and is encouraged to walk, socialise with other residents, I have no complaints, we are always informed and up-dated on any changes in [relative's] health, various members of the family visit here all at different times we have never seen [relative] dirty not shaved, or witnessed anything untoward. Has recently had a male carer a young boy from unit on a gap year, he knows my [relative] worked for a camera company for years, and if you look outside his room on the wall there is a photo of him and memorabilia in the box

well do you see that camera, that young boy bought it out of his own pocket to please [relative] and fixed it in his memory box, how kind is that."

During the inspection we observed staff being prompt in supporting people and responding to their needs in a way that confirmed they knew people well. This included ensuring they had items around them that they enjoyed using and personal care at a time that suited them. However, we did note that one person had dirty nails and their care notes stated that on the day of inspection the nails section had been ticked as completed. We shared this with the management team.

The service provided nursing care and at times they provided end of life care for people. The staff had been prepared for this by ensuring people had their wishes documented in their care plans. Care plans showed that people were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes or if they had declined to talk about this matter when they moved in to the home. Where people were nearing end of life action was taken to keep them as comfortable as possible and to remain at Knebworth Care Home if this was their choice.

There were a variety of activities provided for people to access at will. For example, there were chair exercises, creative arts sessions, PAT dog visits, cake making and ballroom dancing. One person told us, "We all get a sheet of listed activities if I like what's on I will go and join in. I like the outside entertainment people that come in some sing, some play instruments, my hobby was gardening and I am helped and encouraged to keep that up, I grow tomatoes and love to go out to watch them grow and water them, in fact I love the outside entertainment, if it's only a cup of tea, and a get together, when its warm weather that's what we do." Another person said, "I love the activities look what I'm drawing, the girls are very kind, the use in my hand is not good and the encourage me to do things that will give my hand and arm some exercise, this room is always full of people and things going on." A third person said, "We are always doing something in here some people draw, play games, do quizzes, I knit a lot of clothes for the charity shop and for the dolls in here, I have always loved to knit, (they) get me the wool, sometimes we have a good old sing song."

People were supported to maintain an interest in community matters. For example, we saw a local planning order displayed on a communal notice board that advised people about a proposed extension to a neighbouring industrial building.

We were told of various community groups involved in the home such as schools that visited to do such things as make cupcakes, read poetry to people and plate painting. The registered manager told us of a community group that had offered to develop music playlists for people who lived with dementia in a bid to help when they became distressed or anxious. Other external groups involved in the home were the local Rotary club and churches. The registered manager told us they were currently planning to introduce some chickens for people to look after. One person also told us that they grew tomatoes and joked that they had promised the first ripe one to around 27 people.

There weremassages for people who were cared for in bed delivered by a qualified physiotherapist. We saw this referred to in a person's care plan and it clearly guided staff on how this massage should take place for this person. Massages were due to be offered for staff members once a month too.

Complaints and minor concerns raised had been investigated and responded to. One person told us, "I do go to resident's meetings, the only thing I have addressed there, and this was a long time ago before the new takeover, was the food, and the constant ringing of the call bells, well I can tell you the food has greatly improved, and staffing levels seem quite good now, oh definitely I have a voice, and we truly are encouraged to put forward any suggestions or complaints." Another person said, "The registered manager told us that

there was a new logging system under the current provider but they retained the previous complaints under the old provider as many of the people still lived there. They told us that this helped them monitor if any of the previous concerns were raised again. Relatives told us that they knew how to raise concerns but had not needed to.

The provider had a survey where people, relatives and professionals were asked for their views. This was about to be sent out. There was also a suggestion box with cards so people could share their views. There were resident and relative meetings were people decided on menus and activities and were asked for their views on the service. One suggestion was for a coffee morning discussion group so people could share their stories and histories if they wanted. We noted that this had started. We also saw where suggestions were made at one meeting, they had been actioned by the next meeting. For example, changes to meal portion sizes or staff approach when going into a room in the morning, such as not turning the light straight on. One person told us, "I haven't been to a meeting, my family or [relative] might talk to them about things, but this is a lovely place."

Good

Is the service well-led?

Our findings

During the course of the inspection we saw the registered manager interact with people who used the service, relatives and staff in a positive, warm and professional manner. We found them to be professional and committed to providing a good quality service with a balance of wanting to be a leader rather than a boss. They told us, "I want staff to be able to come to me."

People and their relatives told us that they felt the service was well run. One person said, "This place must be well known around here, because it's a fantastic home, nothing is too much trouble for them, the food is very nice, plenty of it as well, I'm treated very well."

Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. One staff member said, "A lot of things have improved in the time I have been here, medication storage has improved, the food has improved, we have a good bunch of regular carers working throughout the day were residents benefit from having familiar faces care for them. Before, residents were not being assisted to dress as late as 12.30, by then it would be lunch time, now we have a robust routine where we are allocated to our individual residents, we support each other and work as a team, the new manager is very supportive. Initially the top floor was closed therefore we were busy assisting residents with complex needs, having to re-position and turn them, this weakened the ability to care for other residents that needed slight attention, and with no time for activities or interacting with them. Since the floor opened there has been great improvements we have more time for the residents on the first floor, a great activity timetable was created so we can have activity-based care, the lounge area was drab and had blank walls, it has now been decorated, dementia friendly signs and posters made, residents sit round a large table to craft and create things, it's a chatty social atmosphere now in there."

The care home had been taken over by a new provider since the previous inspection and this was the first inspection since the service was registered under a new provider in 2017. A staff member said, "It was stressful at times learning the new provider's policies and procedures but many areas of good practice have been implemented and it is improving." The registered manager told us, "I have worked for [other providers] and this is the most supported I have ever felt. When the transition started they had everyone here, for three months, making sure everything was ok and working well."

There were quality assurance systems in place. These were used consistently and appropriately. As a result, any issues found were addressed. For example, in sufficient information in assessments for care plans. This was addressed with a staff alert memo and staff had to record they were aware of it. We found that this had been addressed prior to the inspection as assessments and plans were detailed.

The registered manager and deputy manager completed night visits. As part of these they reviewed documents, checked the staffing and records, checked the environment and tested staff knowledge on key safety issues.

There was an internal service improvement plan which logged all actions needed. Information that fed into this included accidents and incidents, staffing, training, maintenance or environmental issues, complaints and feedback from other agencies. The registered manager told us that the systems in place meant that issues were resolved promptly. They also told us, along with members of the staff team, that the provider was very prompt in making repairs, actioning any changes needed and providing support as requested.

There was a regular regional manager visit and they completed audits to ensure the home was working well. We saw that actions arising from these visits were shared with the home manager and these were dated when completed. We found that issues identified on these visits had been resolved prior to our inspection visit. For example, making the care plans more person centred.

The management team worked with the local authority to ensure they were working in accordance with people's needs and obligations with the commissioning contract. A recent monitoring visit form the local authority had been positive and previous actions signed off as completed. The service was also supported by a local care association who provided support with activities and training to help keep knowledge up to date. Food hygiene inspection identified that some actions were needed including replacement of microwave due to rust, repair light on the range, clean door seals and sides of fridge amongst others. All actions were documented clearly in red to evidence that they had been completed.

Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home. We saw minutes of a staff meeting and noted the agenda included many areas such as respecting residents, use of the staff room, sickness, care, falls and other incidents, annual leave, training and team work. One statement made during a staff meeting, "Please remember, we are here to care for them (people who used the service) the way they wish. Not the way we feel is correct."

Relatives, people who used the service and the staff team voted for staff member of the month. The winner of this award was then out forward for a national award. The registered manager told us that in addition to the offer of monthly massages, they were going to be hosting a staff BBQ in the summer to thank staff for their hard work. We found that morale in the home was positive. All staff were cheerful and were courteous throughout the inspection with each other and members of the management team.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.