Kingsway Care Home Limited

Kingsway Nursing Home

Inspection report

Kingsway
Langley Park
Durham
County Durham
DH7 9TB

Date of inspection visit:
21 April 2017
25 April 2017

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28 June 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 21 and 25 April 2017 and was unannounced. This meant the staff and registered provider did not know we would be visiting.

Kingsway Nursing Home provides nursing and residential care for up to 42 older people with dementia, younger people with alcohol related brain damage and people with mental health needs. On the day of our inspection there were 41 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected the service in March 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the administration and storage of medicines.

The home was clean, spacious and suitable for the people who used the service, meeting the needs of those people with a dementia type illness. Appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Staff told us they were fully supported in their role. Staff were suitably trained and received regular supervisions and appraisals.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external health care specialists.

Without exception people, visitors, and health and social care professionals said staff were extremely caring. For example, the care was, "Exemplary" and "Person centred to the highest degree". The service had a

holistic approach to the care they provided and had carried out extensive research into the benefits of using animal assisted therapy and aromatherapy in a care setting.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible. A member of the staff had won an award for dignity in care at the Great British Care Awards in 2016. People who used the service, visitors and staff had been involved in creating a dignity tree to describe what dignity meant to them.

People who used the service were placed at the heart of the service and were encouraged to be involved in the running of the home and were made to feel valued.

Staff were trained in providing end of life care and care plans were in place to ensure people's end of life plans and wishes were recorded.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person-centred way. Person-centred is about ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

The registered provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint.

Staff felt supported by the management team and were comfortable raising any concerns. People who used the service, family members, staff and visiting professionals were regularly consulted about the quality of the service and provided positive feedback on how the service was run.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Outstanding ☆

The service is now Outstanding.

People, visitors, and health and social care professionals said staff were extremely caring.

The service had carried out extensive research into the benefits of using alternative therapies in a care setting.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

People who used the service were placed at the heart of the home.

People, visitors and staff were involved in the running of the home and were made to feel valued.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Kingsway 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 registered 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 21 and 25 April 2017 and was unannounced. One adult social care inspector and a specialist advisor in nursing took part in this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

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

During our inspection we spoke with six people who used the service, a visitor and two health and social care professionals. We also spoke with the registered manager, administration manager, two nurses, four care staff, the activities coordinator and one maintenance staff.

We looked at the care records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used 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.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe at Kingsway Nursing Home. People told us, "Very safe", "Safe? Definitely" and "I'm very safe here".

The registered provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed staff to ensure staff were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. Checks were also carried out on nurses' qualifications and to ensure Nursing and Midwifery Council (NMC) registrations were in date.

There were sufficient numbers of staff on duty to keep people safe. We discussed staffing levels with the registered manager and looked at staff rotas. The registered manager used a dependency tool to calculate staffing levels, which meant staffing levels varied depending on the needs of the people who used the service. The registered manager told us agency staff had not been used at the home for a "long time" and staff we spoke with confirmed this. Staff and people who used the service did not raise any concerns regarding staffing levels at the home.

The registered provider had an infection prevention and control policy in place. The premises were clean with no unpleasant odours. We looked in the laundry and saw it was large, clean and fit for purpose. Appropriate personal protective equipment (PPE), hand hygiene signs and liquid soap were available in communal bathrooms and toilets. This meant people were protected from the risk of acquired infections.

Accidents and incidents were appropriately recorded and analysed to identify any trends. Risk assessments were in place for people who used the service and staff. These described potential risks and the safeguards in place to reduce the risk. This meant the registered provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). Equipment was in place to meet people's needs including hoists, shower chairs and wheelchairs. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

Electrical testing, gas servicing and portable appliance testing (PAT) records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, fire alarm and fire equipment service checks were up to date, and fire drills took place regularly. People who used the service had Personal Emergency Evacuation Plans (PEEPs), which meant appropriate checks and records were in place to protect people in the event of a fire.

The registered provider had a whistleblowing policy in place and a policy for the safeguarding of vulnerable adults, which described the procedures for preventing and responding to abuse. The registered manager carried out a monthly safeguarding audit, which included an overview of actions taken and any lessons learnt. We saw records of safeguarding referrals to the local authority, statutory notifications had been submitted to CQC and staff had been trained in how to protect vulnerable people. This meant the registered manager understood safeguarding procedures and had followed them.

We looked at the management of medicines and saw medicines were securely stored in a locked treatment room and were transported to people in a locked trolley. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse.

The most recent pharmacy medicines audit had been carried out in February 2017 and there were no identified actions noted. Staff received regular medicines competency assessments and had received up to date training in the administration of medicines. This meant appropriate arrangements were in place for the administration and storage of medicines.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. People who used the service told us, "They [staff] are so good with everybody", "They [staff] are wonderful" and "They [staff] are brilliant, all of them".

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff knowledge development sessions were carried out as part of supervisions and covered different subjects including safeguarding vulnerable adults, mental capacity and health conditions. These sessions were also used to ensure staff were kept up to date with best practice and guidance.

The registered manager maintained a staff training matrix, which recorded when staff had completed mandatory training and when training was due. Mandatory training is training that the registered provider thinks is necessary to support people safely. We saw staff mandatory training was up to date and included moving and handling, safeguarding vulnerable adults, fire safety, food hygiene, infection control, first aid, health and safety, the safe handling of medicines, mental capacity, dignity in care and end of life.

All of the staff had completed, or were completing, a level two or higher qualification in health and social care. New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care. This meant staff were fully supported in their role.

Assessments had been carried out using a recognised Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify if adults are malnourished or at risk of malnutrition. Systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs. Records included notifications to the kitchen regarding food likes, dislikes and dietary needs in a pictorial format. This meant there was good communication between care and catering staff to support people's nutritional well-being.

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.

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. The registered manager had submitted DoLS applications to the local authority for people who used the service and maintained a register of when the DoLS had been applied for, when they

had been authorised and when the statutory notification had been submitted to CQC. We saw these records were up to date. This meant the registered manager was following the requirements in the DoLS.

Mental capacity assessments had been completed for people and best interest decisions had been made for their care and treatment. Care records had been signed by people where they were able, if they were unable to sign a relative or representative who had legal authority had signed for them.

Care records included Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). Records we saw were up to date and showed the person who used the service and their family members had been involved in the decision making process.

Communication care plans were in place and were appropriate for the person. We saw specific information for staff to follow in relation to how they engaged with people. This approach meant staff provided effective care, recognising that people living with communication needs could still be engaged in decision making and interaction.

People's care records showed details of appointments with, and visits by, health and social care professionals. Staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. For example, GPs, psychiatrists, community matrons, community nurses, social workers, best interest assessors and chiropodists. Care plans reflected the advice and guidance provided by these external professionals. This demonstrated that staff worked with various healthcare and social care agencies and sought professional advice to ensure that the individual needs of the people were being met.

Some of the people who used the service were living with dementia. We saw there was appropriate signage in the home and walls were decorated to provide people with visual stimulation. These included tactile objects and fiddle boards such as large beads, fabrics, door handles and switches, bright pictures and photographs, and words of songs chosen by people who used the service that had been made into pictures. Handrails were painted a different colour to the walls so they stood out and corridors were clear from obstructions and were well lit. The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home. This meant the service incorporated environmental aspects that were dementia friendly.

Outstanding ☆

Is the service caring?

Our findings

The service provided care that was outstanding. A health and social care professional involved with the service told us, "The care afforded to clients at Kingsway is both individualised and person centred to the highest degree. Staff and management work diligently towards promoting privacy, dignity and respect, towards all under their care, extending these principles to families." A visitor told us, "I would describe the level of care as exemplary. It is very client centred and the residents' needs are at the heart of everything. They are treated with dignity and respect at all times. The care staff show great kindness and provide a high level of care", "[Family member] was in her late nineties, she liked to have her hair and make-up done. There was always someone on hand to help her with this and to make her feel good about herself" and "I would like to say that Kingsway enhanced the quality of [family member]'s life and mine too because I knew that I had entrusted her to very safe hands. I would recommend this home to anyone".

People who used the service told us, "They [staff] are very, very caring. [Name] is my favourite. I think the world of her", "They [staff] are wonderful, they are so good with everybody", "They are so caring. I couldn't be in a better place" and "The care here is excellent". Staff told us, "It's so friendly. Everyone is so caring" and "It [quality of care] is really good".

People we saw were well presented and looked comfortable with staff. We saw staff speaking with people in a polite and respectful manner and staff interacted with people at every opportunity. When staff carried out tasks for people they bent down as they talked to them, so they were at eye level. They explained what they were doing as they assisted people and they met their needs in a sensitive and patient manner. We saw and heard how people had a good rapport with staff. For example, one member of staff was singing and told a person who used the service, "You don't appreciate good music." The person who used the service replied, "That's the problem, I do!"

Some people were unable to tell us their views about the service so we used a Short Observational Framework for Inspection (SOFI) to help us understand their experience. We carried this out in the main lounge and staff were observed interacting with everyone present and ensuring people were included in conversations and activities. For example, we observed staff asking people whether they wanted to watch a DVD. Staff then ensured the people who wanted to watch it were in a position to be able to see and hear it. We observed staff singing songs and people who used the service smiled and joined in. We also observed staff come into the lounge with balloons to celebrate the birthday of a person who used the service. Staff and people sang happy birthday to the person and staff tied balloons to the person's wheelchair. A member of staff read out birthday cards to the person and they joked with the person about their age. All of these interactions were carried out in a kind, caring and patient way.

People who used the service were given choices. For example, we observed a member of staff ask a person if they wanted a bath or a shower that day, and people in the main lounge were asked what they wanted to do. We observed people being given the choice of what food they wanted at meal times and where they wanted to eat their meal. A staff member told us, "It's people's choice. They can choose where they eat."

Some of the people who used the service had 'stable' type bedroom doors, which gave the person the security of having the lower half of the door closed but the top half open so they could be stimulated by observing activity in the corridors. The registered manager told us, "You can be in bed but still feel part of the home." People we spoke with told us they had been given the choice of whether they wanted this type of door or not. A member of staff told us, "We changed a person from a room upstairs into a 'stable room' and now they're so happy".

A person who used the service had been allowed to bring their pet cat into the home with them. The registered manager had ensured that appropriate health checks had been carried out by a vet and a risk assessment had been carried out before allowing the cat into the premises. Another person who used the service had adopted another cat that lived at the home. The person fed and looked after the cat and the cat slept in their bedroom. Other animals at the home included rabbits, fish, budgerigars and a pony. The registered manager regularly brought their dog into the home and staff and people who used the service told us how much they enjoyed seeing the dog.

The service had implemented a "Therapy Thursday" initiative that was coordinated by one of the nursing staff and had impacted positively on the health and well-being of the people who used the service. Therapy Thursday had been implemented to expand the service's holistic approach to the care they provided and included aromatherapy, mindfulness, and animal and equine assisted therapy. The nurse had carried out extensive research into the benefits of using these approaches in a care setting, including the effects of animal assisted therapy in reducing anxiety, the effectiveness of equine assisted therapy, and aromatherapy practice in nursing.

Care plans were in place for the people who had taken part in Therapy Thursday and recorded the type of therapy they had taken part in and the positive effects it had on their health and mood. For example, "[Name] had an aromatherapy massage to hands and arms with lavender and cedar wood oil. [Name] said they enjoyed the session and appeared more relaxed afterwards", "[Name] came to the therapy session for passive aromatherapy using a diffuser and spent time listening to relaxing music. [Name] stated they 'felt better' after the session". Another entry stated aromatherapy oils had been researched for end of life care for a person who used the service. The oils had been applied to the hand and arms and following the treatment the person was, "Visibly relaxed with limbs looser and breathing steady."

Equine therapy also took place where people could pat and brush the pony. The registered manager and a member of staff told us how a person, who was receiving end of life care, was bed bound and liked horses. The pony was brought into the person's bedroom, which brought visible comfort to the person. We saw photographs of the pony visiting other people in their bedrooms. A nurse told us, "As a result of Maisie [the pony] there's been a reduction in the amount of PRN [as required] medications" and "For [Name], instead of lorazepam we bring the pony in". This meant the therapy sessions introduced by the service had resulted in a positive effect for the people who had taken part.

People told us they could have visitors whenever they wanted and were made to feel welcome. The service user guide described how people were encouraged to personalise their bedrooms by bringing in their favourite items of furniture, photographs, television and ornaments. We saw people's bedrooms were individualised and included people's own furniture and personal possessions.

People were supported with their religious needs. For example, people were supported to attend their chosen place of worship and visits from vicars, priests and pastors were welcome at the home.

The service user guide described how people had the right to be called by the name of their choice, which

was evidenced in the care records, how they would be supported to care for themselves as far as they were able, and how they would have their dignity respected and be treated as an individual.

People who used the service were treated with dignity and respect. We saw staff knocking on bedroom doors and asking permission before entering people's rooms. Staff were provided with a copy of the registered provider's 'Care knowledge' booklet, which was developed by the registered manager. This was used to supplement staff training and focussed on the principles of care, providing guidance and advice on dignity in care. For example, "Ask residents how they want to be addressed", "Always knock before you enter someone's room" and "Take time to find out about people's experiences and interests". A member of the staff had won an award for dignity in care at the Great British Care Awards in 2016. The registered manager told us they did not have dignity champions at the home because, "It [dignity] is everyone's responsibility."

We saw a canvas art 'Dignity tree' on the wall near the entrance to the home. The registered manager told us staff, people who used the service and visitors had been asked to write down words to describe what dignity meant to them and the words had been used to create the tree. People who used the service told us, "They [staff] always knock on the door before they come in", "Yes they do [respect privacy and dignity]" and "When I'm in the bath, they go out and shut the door. They give me my privacy".

People who used the service were encouraged to be involved in the running of the service and made to feel valued. The home had a garden and we saw photographs of how people who used the service had been involved in building planters and benches, and caring for the garden. Another person who used the service had gone to the pet shop with staff and chosen which fish to buy for the fish tank. The person was concerned they would forget the names of the fish so staff had put laminated reminders of the names of the fish the person had chosen on the wall above the tank.

The service provided an empathic and holistic approach to end of life care. Staff were trained in end of life care and care plans were in place, which had been written with the person who used the service and their family members. This meant information was available to inform staff of the person's wishes at this important time and to ensure their final wishes were respected.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We saw information and contact details for local advocacy services was in the service user guide. We discussed advocacy with the registered manager who told us one of the people using the service at the time of our inspection had an independent advocate.

Good

Is the service responsive?

Our findings

Care records were reviewed monthly and on a more regular basis, in line with any changing needs. We saw they were reflective of the care being given and reflective of change. A visiting healthcare professional told us, "Staff are always very welcoming, open and honest. There's up to date, well documented files and clear evidence that they're reviewing and updating them."

Care records we looked at contained a pre-admission assessment to assess people's needs before they moved into the home. This ensured staff could meet people's needs and that the home had the necessary equipment to ensure the person's safety and comfort.

Following an initial assessment, care plans were developed detailing the person's care needs to ensure personalised care was provided to all people. The care plans guided the work of care staff and were used as a basis for quality, continuity of care and risk management.

Assessments had been carried out to identify which people were at risk of developing pressure ulcers and preventative pressure relieving measures were in place for those people who required them.

People's mobility needs were identified and specific plans for supporting people with their mobility needs and transfers were in place and regularly reviewed.

Daily notes were kept for each person, which were concise and information was recorded regarding basic care, hygiene, continence, mobility and nutrition. This was necessary to ensure staff had information that was accurate so people could be supported in line with their up to date needs and preferences.

Handover records showed that people's needs, daily care, treatment and professional interventions were communicated when staff changed duty at the beginning and end of each shift.

Care records contained a social profile. These included details about the person's preferences, interests, people who were significant to them, spirituality and previous lifestyle. This was important information and necessary for when a person could no longer tell staff themselves about their preferences and enabled staff to better respond to the person's needs and enhance their enjoyment of life.

We observed people taking part in activities in the main lounge, including word games, quizzes and watching DVDs. Photo albums in the lounge contained photographs of activities that had taken place at the home, including baking sessions, games of pool, karaoke, making Easter bonnets and computer games. People who used the service told us the activities were, "Great" and "There's so much to do". This meant the registered provider protected people from social isolation.

The registered provider had an effective complaints policy and procedure in place and a copy was available in the service user guide. This described the procedure for making a complaint and how the complaint would be dealt with. There had been one formal complaint recorded at the service within the previous 12

months and we saw this had been satisfactorily resolved. People who used the service told us they were aware of how to make a complaint but did not have any complaints. We did see there had been a number of compliments received from family members, visitors and visiting health and social care professionals. For example, "I would recommend Kingsway to anyone looking for residential care for their loved ones", "The way in which the team at Kingsway care for residents is exemplary" and "Thank you for the exceptional care you gave [Name]. He was very happy at Kingsway".

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months. The service had won the North East 'Care Innovator Award' at the Great British Care Awards in 2016. The registered manager had been recognised for developing a 'What makes Kingsway Innovative – Our Story' booklet and evidence from this is reported on in the Caring section.

The registered manager told us of the plans they had to improve the service. For example, refurbishment work inside the premises, a garden project to add paving and a seated area, and decking outside the dining room. The registered manager told us there were plans to implement an electronic health planning and record system to replace the current paper based system. The home had a café room on the first floor, which had previously been used to assist in integrating two people who used the service back into the community. However, the café was not being used at the time of our inspection visit and the registered manager was looking at what they could do with the room to make it more appropriate for the people who were living at the home at that time.

The service had a positive culture that was person centred, open and inclusive. The registered manager's office had a stable style door which was constantly open. This enabled the registered manager to be fully involved and accessible to staff, people who used the service and visitors. The home operated a 'walkie-talkie' system so staff could communicate with each other and the registered manager in a timely manner.

The registered manager told us, "If I treat the staff right, they will treat my residents right" and "I absolutely love my home, my staff and my residents". People who used the service told us, "[Registered manager] is brilliant. She'd do anything for you" and "You can go to anyone if you need anything". A visitor told us, "I would say that [registered manager] runs a tight ship and the needs of the residents are her primary concern. She has created a good atmosphere and ambience in the home. It is like a family rather than an institution. All staff are approachable and are willing to listen to any concerns." Health and social care professionals we spoke with told us, "Approachability features highly on the manager's list of attributes, along with kindness empathy and respect for others" and "It's a very busy environment but staff have a good handle on things".

Staff were regularly consulted and kept up to date with information about the home and the registered provider. Staff meetings took place regularly. An annual staff satisfaction survey took place and we saw from the most recent survey in September 2016 that the majority of the responses were very positive. Staff we spoke with felt supported by the management team. The registered manager had a staff birthday list on the office wall and was quick to respond to any question or request for assistance from the staff on duty. Staff told us, "[Registered manager] has turned this place around", "She [registered manager] is good, I can go to her and discuss things and then we can change things" and "I like [registered manager]. She is so wise she always knows how to deal with things and she knows everything".

We looked at what the registered provider did to check the quality of the service, and to seek people's views about it. The registered provider's operations manager carried out regular "Quality compliance visits" to the home. The most recent visit had taken place in February 2017 and included a review of care records, health and safety, sample audits, observations of care practice and discussions with staff, people who used the service and visitors. The registered manager told us they were fully supported in their role and was in contact with the operations manager weekly.

The registered manager completed a monthly audit report, which included a review of incidents, hospital admissions, safeguarding incidents, falls and any other concerns. Regular checks were carried out on the premises, including maintenance and cleanliness, and any issues were recorded in the 'Service improvement plan', including action taken and quotes obtained for any maintenance work.

The registered manager carried out regular audits, which included monthly audits of care records, medication records, pressure area damage, nutrition and dining, catering, weights records, first aid, infection control and checks of equipment. The registered manager also carried out "Spot checks" during the night to ensure people were being appropriately cared for and policies and procedures were being followed.

The registered provider gathered information about the quality of their service from a variety of sources. Residents' meetings took place regularly and annual quality assurance surveys were carried out with people who used the service, family members and visiting professionals. People who used the service were asked for feedback on their surroundings, health and wellbeing, daily life, suggestions and complaints, and privacy and dignity. Most of the responses we saw were very positive about the person's experience at Kingsway Nursing Home. The registered manager responded to any issues raised in the survey. For example, a respondent had said there was sometimes a smell in the premises. The registered manager had responded by saying, "Since the survey, we have purchased diffusers and aromatherapy oils. Staff do try their best to deal with unpleasant smells as swiftly as possible."

In the most recent survey in September 2016, four surveys had been returned by visiting professionals. All of the responses were very positive and quotes included, "On the few occasions I have visited, I feel the residents have been treated with dignity and respect from the staff" and "My patient appears well settled and happy, which is very important as that has not been the case for him for many years". The service also utilised email and social media to communicate with people who used the service, family members and visitors. This included the use of Facebook and Twitter.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring people's personal information could only be viewed by those who were authorised to look at records.

The registered provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

The service had good links with the local community. These included shops, hairdressers, library, post office and takeaways. For example, one of the people who used the service was unable to communicate verbally but could make their needs known by pointing. Staff at a local shop were aware of this and could assist the person.