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Kingsbury Court

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 28 March 2017 and was unannounced.

Kingsbury Court opened in April 2015 and provides accommodation, care and support for up to 60 people, some of whom may be living with dementia. The service is registered to provide nursing care although this area of the service had not commenced at the time of our inspection. The registered manager told us that nursing staff had been recruited and they anticipated that nursing care would be provided within the next two months. There were 34 people living at Kingsbury Court at the time of our inspection.

There was a registered manager in post who supported us during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 11 August 2016 we identified five breaches of legislation relating to staffing, safe care and treatment, person centred care, complaints management and good governance. Following the inspection the provider wrote to tell us what they would do to meet the legal requirements in relation to the above concerns. At this inspection we found that improvements had been made in all areas which had made a positive difference to the people they support.

There were sufficient staff deployed to meet people's needs safely. Staff had time to spend with people and the registered manager completed regular reviews of people's needs and adjusted staffing levels where required. New staff completed an induction process which included shadowing more experienced staff members to help them understand their roles. Staff received regular training and supervision to ensure they had the skills required to meet people's needs. Competency checks were regularly completed as part of staff induction and on-going supervision. Safe recruitment processes were in place to ensure people received support from suitable staff.

Risks to people's safety and well-being were assessed and control measures were in place to help minimise risks. Staff were aware of how to support people to manage risks safely. Accidents and incidents were recorded and monitored to identify any trends and minimise the risk of them happening again. Staff were aware of their responsibilities in safeguarding people from potential abuse and any concerns were appropriately reported. The provider had a contingency plan in place to ensure that people's needs would continue to be met in the event of an emergency or if the building could not be used.

Safe medicines practices were practised and people received their medicines in accordance with their prescriptions. Staff competency in managing medicines was regularly assessed. People's healthcare needs were known to staff and appropriate referrals were made to healthcare professionals where required.

People's legal rights were protected as staff were acting in accordance with the Mental Capacity Act 2005. Staff gained people's consent prior to delivering care and understood the need to offer choices and respect people's decisions. People told us they were involved in decisions regarding their day to day care.

People were supported by staff who knew their needs well and provided personalised care. People and their relatives told us that staff were caring and treated them with kindness. Care plans were person centred and contained details of people likes and dislikes. Staff supported people to maintain their independence and respected people's privacy and dignity. People told us they enjoyed the food provided and choices were available. People's nutritional needs were met and the catering staff were informed of people's needs and preferences. People's weight was monitored and appropriate action taken where significant changes were identified.

There was a range of activities available for people to take part in and people received the support they required to be involved. In addition to planned activities, staff spent time with people individually. Resident meetings were held quarterly and people and their relatives were able to make suggestions regarding the running of the service and the food and activities provided.

The provider had a complaints policy and people told us they felt any concerns would be addressed. The registered manager maintained a complaints log which showed that concerns had been addressed and responses given. Quality assurance processes were in place and regular audits of the quality of the service completed. The registered manager had taken action to rectify any shortfalls identified. Staff told us they felt supported by the management team and were able to discuss any concerns openly.

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.

There were sufficient staff deployed to meet people's needs safely.

Individual risk management plans were in place and staff understood their responsibility in managing the risks to people's safety.

People were protected from the risks of abuse and concerns were reported to appropriate agencies.

Appropriate pre-employment checks were completed to ensure staff employed were suitable to work at the service.

People received their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.

Staff received the training and support they required to support people effectively.

Staff were knowledgeable about their responsibilities under the Mental Capacity Act 2005 and systems were in place to ensure people's legal rights were protected.

People received appropriate support with their nutrition and hydration needs.

People's healthcare needs were met.

Is the service caring?

Good

The service was caring.

Staff treated people kindly and knew people's preferences well.

People's dignity and privacy were respected.

People were supported to make choices regarding their care and support.

Relatives and visitors were welcomed to the service.

Is the service responsive?

Good

The service was responsive.

People's care records were person centred and clearly identified the support they required.

People had access to a range of activities in line with their preferences.

People and relatives knew how to raise any concerns and told us that they would feel confident in doing so.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff told us that the registered manager was approachable and that they were encouraged to discuss any issues or concerns.

Quality assurance processes were in place and action was taken where shortfalls were identified.

Staff felt supported and were confident and clear about their roles and responsibilities within the service.

Kingsbury Court

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.

The inspection took place on 28 March 2017 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed records held by the Care Quality Commission (CQC) which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We asked the provider to complete a Provider Information Return (PIR) before our inspection. The PIR 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.

As part of our inspection we spoke with eight people who lived at the service and observed the care and support provided to them. We spoke with ten relatives, six staff, the registered manager and the deputy manager. We also reviewed a variety of documents which included the care plans for six people, four staff files and medicines records.

Good

Is the service safe?

Our findings

At our last inspection in August 2016 we found that sufficiently skilled staff were not provided throughout the service and the high level of agency staff used impacted on the care people received. Risks to people's safety were not always appropriately managed and medicines were not managed safely. At this inspection we found that improvements had been made in all areas.

People and their relatives told us they felt the service was safe. One person told us, "I feel very safe. I've never heard any raised voices." Another person said, "I don't have any concerns. I can't fault it. Nothing has been amiss." One relative told us, "I think it's very safe. The door codes are a good idea." Another relative said, "I've not heard any shouting and I've no concerns over mistreatment. I have confidence that anything would be dealt with appropriately."

The majority of people and relatives told us that they did not have to wait for care and that staff responded to their requests promptly. Most staff we spoke to said that following a recent increase in staffing levels things had improved. They said they had time to spend with people and did not feel rushed. However, some people, relatives and staff told us they did not always feel there were sufficient staff available. We spoke to the registered manager about these concerns. They confirmed that they had recently reviewed the staff dependency tool and staffing levels had increased due to changes in people's individual needs.

During the inspection we found that there were now sufficient staff deployed to meet people's needs promptly and safely. We observed staff were able to sit with people for long periods of time to chat, offer reassurance and to support them with activities. People's care needs were met in a timely manner and there were always staff available in communal areas to respond to people's requests. Staff were organised and worked together to ensure their colleagues knew of their whereabouts and what they planned to do next. We viewed rotas for the past six weeks which showed that the minimum staffing levels had been consistently met. We reviewed call bell response times for a range of dates and found that staff were responding to people's requests for support in a timely manner.

Safe recruitment practices were followed before new staff were employed to ensure they were suitable to work at the service. The provider had told us in their PIR that all staff were Disclosure and Barring Service (DBS) checked and two written references were obtained prior to their employment and we found this to be the case. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. All prospective staff completed an application form and underwent a face to face interview prior to an offer of employment being made.

Risks to people's safety were now assessed and measures implemented to keep people safe. Risk management plans were in place covering areas including falls, mobility, skin integrity, nutrition and hydration and choking. Records showed that risk management plans were reviewed monthly and updated when people's care needs changed. Where people were assessed as being at risk of developing pressure sores, appropriate pressure relieving equipment was in place to help minimise the risks of skin breakdown. One person's care file stated they were at high risk of falls and required support from staff to mobilise. We

observed that staff were vigilant and offered the person appropriate advice and support to stand and move safely.

People were supported to stay safe as accidents and incidents were monitored and action taken to prevent further injury or harm. Records of accidents and incidents were maintained and reviewed by senior staff and the manager to monitor any trends. Where required people's care plans and risk assessments were updated to ensure the support provided was appropriate to meet their needs safely. One person had experienced a number of falls in their room. A sensor mat had been placed by the person's chair to ensure staff were alerted when the person stood up so they could offer support promptly. The person had not experienced any falls since the sensor mat had been in place which demonstrated the measures taken were effective.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting any concerns. Staff were knowledgeable about the types of potential abuse and the procedures to follow should they witness or suspect abuse. Staff stated they would not hesitate to report any bad practice they either witnessed or suspected to the registered manager straight away. They were aware of the role of the local authority in investigating safeguarding concerns and knew how to access contact numbers should they require them. The provider had a safeguarding policy in place and ensured safeguarding training was regularly updated. Records showed that where appropriate the service had reported concerns to the local authority and to the CQC to ensure they could be addressed and monitored.

People's medicines were now administered, recorded and stored safely. One person told us, "I always get my tablets when I should. They know what to do." A relative said, "They're really on the ball with her medication." All medicines received into the service were clearly recorded and records of medicines returned to the pharmacy were maintained. People's medicine records contained photographs of them to ensure that staff knew who they were administering medicines to. Records also included the contact details of the person's prescribing GP and any known allergies.

People received their medicines when required and as they were prescribed by their GP. We observed medicines being administered to people. The member of staff administering medicines asked people if they were ready to take their medicines and supported people in a caring way. Guidance was available to staff on the administration of PRN (as and when required) medicines. Where appropriate, we observed staff asking people if they required their PRN medicines. When administering medicines staff stayed with the person until they had swallowed their medicines before signing the medicines administration record. Only senior staff administered medicines and they wore a tabard to inform people and staff not to disturb them whilst they administered medicines. Liquid and boxed medicines had the date recorded when they were opened and a continuous daily audit of medicines was carried out.

Each person had a personal emergency evacuation plan which provided staff and the emergency services with details of the support they would require to evacuate the building safely. An up to date fire risk assessment was maintained and fire equipment was tested regularly. The provider had developed an emergency contingency plan which was reviewed regularly. This provided information and guidance for staff in the event of fire, flood or power cut. Details of alternative accommodation was available to help ensure that people's care would continue with minimum disruption. Staff we spoke to were knowledgeable about this document and of their responsibilities in the event of an emergency.

Good

Is the service effective?

Our findings

At our last inspection in August 2016 we found that staff did not always receive a comprehensive induction and were not provided with consistent support and supervision. At this inspection we found that improvements had been made in these areas.

People and their relatives told us they felt staff had the right skills and experience for their roles. One person told us, "I feel the staff are well trained and know what they're doing." One relative told us, "I imagine the training is fine as all the staff are very on the ball."

New staff were now supported to complete an induction programme before working on their own. They told us, "Even though I had worked here with the agency I still had to do a full induction. I completed all the training and spent time with senior staff learning the role." The registered manager told us that staff competency was assessed by senior staff as part of the induction process. This included an assessment of skills in areas including personal care, nutrition and the use of thickeners in drinks and moving and handling. Senior staff underwent additional competency assessments including medicines management, risk management, specimen collection and a person in charge assessment.

We viewed the records for staff which confirmed staff received training on a range of subjects. Training completed by staff included, moving and handling, infection control, safeguarding, supporting people living with dementia, first aid and health and safety. Staff told us the training they received was useful in their role. One staff member told us, "Training is always useful. Even if you have done it before it's good to have a refresher and you always learn something new." The registered manager maintained a training log to enable them to monitor the training staff had undertaken and ensure that refresher training was completed.

People were supported by staff who now had access to regular supervision and support from their line manager. Staff told us they had regular supervision where they discussed their roles, training requirements and people living at the service and records confirmed this was the case. The registered manager told us that the service had recently implemented changes to the way supervisions were conducted with staff. Each staff member had a 'Performance, Learning and Development' document which recorded the key skills which had been observed and discussed during supervision. The documents were role specific and included a section on leadership skills for all senior staff.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's rights were protected as staff acted in accordance with MCA legislation and guidance. Records confirmed that staff had completed training regarding the MCA and DoLS. Staff we spoke with were able to tell us about the implications of the legislation and understood their responsibilities in ensuring people were provided with choices regarding their care. One staff member told us, "Before doing anything you have to have people's consent and should always offer choices. We always ask people when they would like to get up, what clothes they would like to wear what they want to eat. The whole day is about choices." People's care files contained information regarding their capacity to make choices and gave staff guidance on how to support people with making decisions. One person's care records stated they tended to be more disorientated in the morning so any information regarding decisions should be discussed with them in the afternoon.

Where people were unable to consent to their care, capacity assessments had been completed for specific decisions to be made. Best interest meetings involved family members or people who were important to the person in addition to health and social care professionals where appropriate. Where people's liberty was restricted by doors to the area they lived being locked or bedrails being used, DoLS applications had been submitted to the local authority and were awaiting authorisation.

People's nutritional needs were met. People's weight was closely monitored and where significant changes were noted, referrals were made to relevant healthcare professionals. Comprehensive records were kept of people's nutritional and fluid intake where they had been identified as being at risk of weight loss. One relative told us, "She'd lost a lot of weight before coming here. They've encouraged her to eat more of the right things and she's put on weight." Brightly coloured crockery was used to enable people living with dementia to easily see the food on their plate. Where people required the texture of their food to be modified to enable them to swallow safely, this was provided. Staff supporting people to eat their meals did so at an appropriate pace for the person and checked with people they were comfortable. People were regularly offered a choice of drinks throughout the day.

People were supported to have a meal of their choice by organised and attentive staff. People's dietary needs and preferences were available to all staff and the chef was aware of people's individual requirements. We observed people were offered a choice of meal and were able to have an alternative if they wished. They food looked and smelt appetising and people told us they enjoyed the meals provided. One person told us, "The food is nice home cooking. I would think it's made from fresh ingredients." Another person said, "The food is genuinely nice. I like my veg and they always offer me extra." People were able to choose where they ate their meals. We observed most people chose to eat in the dining room whilst others ate in the lounge or in their rooms. One person told us, "They're very good about me having my meals in my room if I want to. I sat and watched sport on TV one day and had my lunch and my supper in my room. It was bliss."

People had access to health care professionals to meet their specific needs. Records showed people attended appointments with GPs, dentists, chiropodists, district nurses and speech and language therapists. People said staff made sure they saw the relevant professional if they were unwell. One person told us, "The doctor comes round if we have anything wrong." One relative told us, "I've asked them if they could take her to some hospital appointments and it always happens." Advice from healthcare professionals was followed. One person's records recommended that they keep their feet elevated. We observed that staff had supported the person to raise their feet on a foot stool.

The premises had been arranged to meet people's needs. There were various areas in the building for people to sit including some quiet areas. Lounges contained large versions of board games such as dominoes and noughts and crosses which demonstrated thought had been given to people with visual

impairments or those who were less dexterous. There was a large garden to the rear of the property which staff told us was used regularly in the warmer weather. There was a large board displaying the day, date and weather both in words and pictorial format to help orientate people. Walls in corridors displayed various puzzles and bead mazes to provide interest for people living with dementia. People's bedrooms had their names and photographs on the door to help people in finding their room. Bedrooms were personalised with people's own furniture, pictures and personal items.

Good

Is the service caring?

Our findings

People and their relatives told us that staff treated them with kindness. One person said, "The staff are extremely kind. They give me the help I need but they aren't intrusive." Another person told us, "There's a night member of staff who always comes in and gives me a hug. She's lovely. I'm very happy here." One relative told us, I think the staff are brilliant." Another said, "I can't speak highly enough of the staff."

During the inspection we observed staff interacting with people with care and compassion. There was a good rapport between people and staff and there was a calm and relaxed atmosphere. When staff assisted people they explained what they were doing first and reassured people. Staff knelt down or sat beside people when talking them and there was lots of laughter heard throughout the day. We observed a staff member sit next to a person to support them to play bingo. They explained the bingo card and offered encouragement to the person in a gentle manner during the game.

Occasionally people became upset, anxious or emotional. People's care plans contained detailed information about how people showed their anxiety, potential causes and the support staff should offer. One person's care records showed that they became anxious when they were left alone. Staff were clearly aware of the person's anxiety and ensured there was always a staff member near them who offered frequent reassurance. When another person showed signs of being upset staff reacted quickly and went and sat with the person. They took their hand and offered reassurance until they were calm.

Staff took time to encourage and reassure people. One person was unsure about joining in with the entertainment in the afternoon. A staff member sat with the person and answered all their questions in a calm and reassuring manner. The person stayed for the entertainment which they appeared to enjoy. Another person told a staff member they had wanted to wear a long sleeved jumper but there was none in their wardrobe. The staff member said they would look for them and returned with two jumpers. The person appeared confused and asked where they had found them. The staff member asked if they would like to come to their room so they could show them and get changed into a jumper at the same time. The person was reassured by this and went to their room with the staff member. A staff member observed one person walking down the corridor, past their room. They asked them if they were okay and supported them to find their room, showing them their photograph on the door to reassure them it was the right one.

People received care and support from staff who had got to know them well. Staff became animated when speaking about people and were able to describe their personalities, preferences and what kind of support they required. People's life histories were recorded in their care records and provided staff with information to help build good relationships with people. We observed staff talking to people about their family members and things that were important to them. One person told us, "It's very welcoming here. They very quickly learn what you like and you don't feel like you're nothing. I like cold water rather than fruit juice and they have it ready for me every mealtime."

Staff ensured that people's dignity and privacy were respected. One person told us, "Staff always close my door when they help me in the mornings." Another person told us, "All the staff are very good about

knocking on doors. I know they won't just walk in." We observed that staff knocked on people's doors before entering and ensured doors were closed when supporting people with their personal care. We asked staff how they protected people's dignity during personal care. One staff member told us, "I knock on the door, chat with them, talk about what I'm there to help with. If it's okay with them I will then make sure the door and the curtains are closed and cover people when helping them." Another staff member said, "I cover exposed parts to preserve their dignity when I help them to wash."

People were supported to maintain their independence. One person told us, "They'd do anything to help me. They've helped me realise I can scoot my wheelchair by myself and that's given me freedom." One person's care plan stated they sometimes preferred to eat with a spoon at mealtimes as this was easier for them. We observed that they were provided with a spoon and a knife and fork so they were able to choose. We observed people walking freely around the service, choosing where they would like to sit and which activities they would like to participate in. People's care records contained details of what support they required and what they were able to do independently. One person told us, "They will help with anything but don't crowd. I can keep doing what I can for myself."

People and their relatives told us that visitors were made to feel welcome. One person told us, "They embrace the family and visitors and I feel everyone is welcome. No-one is in the way." Another person told us, "You can have guests to dinner if you want which means my friends can come and have lunch with me." One relative told us, "It's a happy family atmosphere and has a nice feel. You walk in and feel welcome." We observed that visitors we all greeted warmly and by name. Staff offered drinks and checked with them if there was anything they needed. There were several communal areas for people to use which meant that people could receive their visitors in private without the need to sit in their bedroom. One relative told us, "There's a small dining room that we can use with just our family when we visit."

Good

Is the service responsive?

Our findings

At our last inspection in August 2016 we found that care plans were repetitive, staff did not have access to the guidance they required and that people did not always receive support in line with their needs. At this inspection we found that care plans had been reviewed and staff were now aware of people's needs.

People and their relatives told us they received personalised care and were involved in developing care plans. One person said, "I rely on a hoist. They always make sure there are two people to support me. They take notice of what I'm doing." Another person told us, "The staff are very kind. They help me shower and get dressed. Appropriate help, not intrusive." A third person said, "I'm as involved in my care plan as much as I want to be." A relative told us, "My brother has power of attorney and is closely involved with the care plan. They take any suggestions on board."

Care plans were person-centred and contained information regarding people's needs and preferences. Care plans were comprehensive and included guidance to staff on areas including mobility, skin care, personal care, decision making, communication and pain management. Detailed guidance was available to staff on how people preferred to receive their care. This included the gender of care worker they preferred, if people liked to wear make-up, if they preferred the light on or off when sleeping and how to support people's communication needs. One person's care plan stated they could become anxious at certain times of the day and recommended that staff support them to remain calm by playing music in their room. We observed the person spent some time in the morning listening to music and looking through a photograph album. They appeared calm and relaxed. Another person's care plan detailed they preferred to have a cup of tea and biscuit in bed before getting up in the morning. The person told us that staff knew this and brought them their drink when they woke up.

People's care needs were reviewed monthly or more frequently where their needs changed. A 'Resident of the Day' system was in place in each area. This included staff discussing the person's care plan with them and ensuring they were happy with the care provided. The person's food preferences and activities they enjoyed were also discussed. Where people's needs changed the service responded appropriately to ensure they received the care they required. One person's needs had increased and it was agreed it was in their best interests to move to the ground floor. The person's relative told us it had been difficult to judge when was the right time to make the move. They said, "They called me to discuss it and gave us three rooms to choose from. I think they picked the right moment to do it and did it very well. They took (family member) downstairs and placed most of their belongings in exactly the same place in the new room. I was impressed." We observed the person appeared at ease and interacted well with staff.

Staff were responsive to the needs of people living with dementia. We observed one person spent time caring for a life like doll, specifically designed for the use of people living with dementia. One staff member told us the person, "seemed to have given up before they had the doll, not eating and hardly speaking. As soon as they had the doll to care for they were much calmer and started eating and talking to us again." We observed staff understood how important the doll was to the person. They ensured they handled it with care and used it to aid communication. The person's relatives told us, "All the staff know Mum well. They noticed

she loved cuddling a particular doll so got her one of her own." Another person had a soft toy which was important to them. We observed the person had become anxious regarding another person's belongings. Staff went to offer reassurance and brought the person their soft toy which immediately defused the situation.

People had a range of activities they could be involved in and were able to choose what activities they took part in. One person told us, "(activity co-ordinator) tries very hard to get people along to activities. They make sure that someone takes you down to activities." Another person said, "The activities are all right. I don't consider myself bingo fodder but they encourage it and its fun. You get the schedule in your room and you can decide what you want to do." A third person told us, "The cinema is used regularly. I've been in there several times."

An activity schedule was displayed in communal areas and people also received a copy in their rooms so they were aware of what activities were available. The schedule covered seven days per week and activities included singing with exercises, crafts, film club, board games, church services and various visiting entertainers. Time was planned into the schedule for one to one support which staff told us mainly involved spending time with people who chose not to attend group activities. The service had recently purchased a number of tablet devices which were designed with older persons in mind and gave easy access to the internet. A staff member spent time with two people looking through different music and places of interest. Both people showed interest and the pictures and music generated conversation and laughter.

We observed that a large group of people took part in the bingo and games session in the morning. As the weather was nice the session was held outside which people appeared to enjoy. Where people required support to join in staff were available to help them and visiting relatives were welcomed into the group. Staff noticed that one person was not with the group who they thought would like to join in and went to find them. The activities co-ordinator introduced a new game which had been brought in for one of the people in the group. The person who owned the game was clearly pleased that it was going to be used. In addition to the organised activities staff spent time with people who chose not to join in. One staff member supported a small group of people to arrange several flower displays in the communal lounge. In the afternoon people joined in a sing along with a visiting entertainer.

At our last inspection in August 2016 we found that complaints were not always recorded or responded to in line with the provider's policy, which meant that people's care did not improve as a result of complaints being addressed. At this inspection we found that improvements had been made and systems were now in place to address concerns raised.

There was a complaints policy in place which was shared with people, relatives and staff. A complaints log was maintained by the registered manager which showed that complaints were recorded, investigations undertaken and responses given in writing where appropriate. The registered manager told us that all complaints were shared with the quality assurance team and reviewed by a senior manager. This ensured that a comprehensive response had been given and that any trends in the complaints received could be identified. People and their relatives told us that they would feel comfortable in raising concerns and felt they would be listened to. One person told us, "I'm sure they wouldn't want us to be unhappy with anything so they would do anything they could." A relative told us, "The family have been so closely involved with everything there hasn't been the need to complain. I'm sure they would respond positively if was a reasonable request."

Good

Is the service well-led?

Our findings

At our last inspection in August 2016 we found that there had been a lack of stable management since the service had opened the previous year. There was a lack of communication between staff, people and their relatives and where quality systems identified the need for improvement, this had not been actioned. At this inspection we found that improvements had been made. There had been a consistent management approach to addressing concerns and support from the provider was in place.

People and their relatives told us they felt the service was managed well. One person told us, "They are very good at organising things." A relative told us, "Things have turned around. They've brought in new staff and they choose the right ones. The staff fit together like a jigsaw." Another relative said, "I think it's well run and staff are nice. There's a lot more communication now. I think it's because they have a good manager who is quite strict. When I ask for things, I get an answer." A third relative told us, "I'd absolutely recommend it, in fact I just have."

Systems were in place to monitor the quality of the service provided and any shortfalls identified were addressed. Monthly audits were comprehensively completed by the provider's quality assurance team. Areas audited included the environment, medicines, care records, accidents and incidents and complaints. As part of the process the quality assurance team also spent time speaking to people, relatives and staff members. An action plan was produced following each visit and the registered manager took responsibility for ensuring recommendations were acted upon. Actions from previous audits were reviewed by the quality assurance team to enable them to monitor the progress made.

Audit records showed that recommendations had been made regarding support for staff in supporting people with behaviours that challenged. As a result all staff had received training in this area and we observed that people were supported appropriately during the inspection. An audit had also identified that decisions made in people's best interests were not always fully recorded. We saw that action had been taken and that all decisions made were fully detailed in people's care records. In addition to quality assurance audits, the registered manager also ensured a range of checks were completed throughout each month and reports sent to the senior management team. These included a review of care plans, health and safety checklists, medicines audits and staff competency checks.

Staff told us they felt supported by the management team and were able to contribute to the running of the service. One staff member told us, "The registered manager is nice. Her management style is good and she is very fair." Another staff member said, "The manager and deputy make a good team and work well together. We can say what we think and they make things happen." Staff meetings were held regularly and minutes showed that staff were able to contribute to discussions and raise concerns. In addition weekly meetings were held with heads of departments and senior staff to ensure that each department was working together and that responsibilities were clear.

People and their relatives were involved in the running of the service. Resident and relatives meetings were held quarterly and a list of meeting dates was displayed. Meeting minutes showed that discussions included

activities, food, housekeeping and the management of the service. A suggestion had been made at a recent meeting that people may enjoy having a vegetable patch and the produce be used in the kitchen. On the day of the inspection we observed the vegetable patch was being prepared in the garden. Minutes also confirmed that people and their relatives felt communication had improved and that families were being informed of any appointments in a timely way.

The provider had commissioned an external organisation to conduct a survey of people's views of the service they received. The last survey completed had been conducted in the summer of 2016 which was prior to many of the changes in the service having been implemented. The results of the survey were largely positive and showed an increase in people's satisfaction from the previous survey. However, the service had waited for six months for the results of the survey and had identified that the lack of detail provided meant it was difficult to identify the actions required. A senior manager told us that due to these concerns they were currently reviewing how feedback would be obtained in the future to ensure the information received could be used to facilitate continuous improvements to the service.

There was a positive and open culture in the service. We spoke to the registered manager about how they ensured staff understood the aims and values of the service. They told us, "I speak to staff about what is expected right from the interview stage. They are given a copy of the mission statement and we discuss what it means. Staff know that they need to work to a certain standard and their responsibilities are made clear. We want to be the best care provider and are striving for excellence, personalisation and quality and expect all staff to do the same." All the staff we spoke to were clear about their responsibilities and said they felt able to discuss any concerns openly. It was clear from our discussions that staff understood the importance of people being put at the centre of the service. One staff member told us, "I've been in lots of care homes and this is the one I chose to work in. It's like a happy family and staff are easy to work with. Everyone tries to make residents feel that this is their home. There are no strict rules for them, they can live how they want."

People's confidential records were stored securely. All care records were electronically stored and could only be accessed by the use of individual passwords. Paper records were stored securely in locked cupboards or filing cabinets. The CQC had been notified of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.