

King Charles Court Limited

# King Charles 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 

### Overall summary

This inspection took place on 29 September 2015 and was an unannounced comprehensive inspection.

The last inspection took place on 22 January 2014. The service was meeting the requirements of the regulations at that time.

King Charles Court is a care home which offers care and support for up to 30 predominantly older people. At the time of the inspection there were 28 people living at the service. Some of these people were living with dementia.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We looked at how medicines were managed and administered. We found it was always possible to establish if people had received their medicine as prescribed. Regular medicines audits were consistently identifying if any errors occurred.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met.

# Summary of findings

Staff were supported by a system of induction training, supervision and appraisals. Staff were aware of how to report any concerns they may have regarding any potential abuse. Staff meetings were held regularly. These allowed staff to air any concerns or suggestions they had regarding the running of the service.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Care plans were well organised and contained accurate and up to date information. Care planning was reviewed

regularly and people's changing needs recorded. King Charles Court provided individualised nursing care and support to people which achieved extremely good outcomes for people who lived at the service.

Activities were provided both in and outside the service. People were encouraged to be as independent as possible.

The registered manager was supported by a motivated and committed team including the deputy manager, clinical lead, nurses and the care staff team.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People told us they felt safe living at the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service

Good



### Is the service effective?

The service was effective. The management were not entirely clear about the Mental Capacity Act 2005 and the associated Deprivation of liberty safeguards. However, the service helped ensure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff were supported with regular supervision and appraisals.

Good



### Is the service caring?

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff ensured they used information from assessments as well as finding out about people's beliefs, preferences and history to ensure equality and diversity was upheld.

Policies and procedures were in place to guide staff on issues relating to death, dying and bereavement, including managing this issue sensitively and observing religious and cultural custom.

Staff were kind and compassionate and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes.

Good



### Is the service responsive?

The service was responsive. People received personalised care and support which was responsive to their changing needs. People experienced extremely good outcomes as a result of the individualised care and support received at the service.

People were able to make choices and have control over the care and support they received. Activities encouraged people to go out in to the community all the year round.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to. People were consulted and involved in the running of the service, their views were sought and acted upon.

Good



# Summary of findings

## Is the service well-led?

The service was well-led. The registered manager had made significant improvements at the service. Where areas that required improvement had been identified, actions had been taken to improve the quality of the service provided.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

People were asked for their views on the service. Staff were supported by the management team.

Good



# King Charles 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 checked 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 29 September 2015. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the home. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with the registered manager, the deputy manager, one nurse, five care staff, the human resources manager and one member of the ancillary staff team. We spoke with five family members of people who lived at the service and one visiting healthcare professional. Following the inspection we spoke with two further nurses who worked night duty and a second visiting healthcare professional. We looked around the premises and observed care practices.

We looked at care documentation for two people living at King Charles Court, medicines records, four staff files, training records and other records relating to the management of the service.

# Is the service safe?

## Our findings

People and their families told us they felt it was safe at King Charles Court. Comments included; “I feel perfectly safe here, its very good” and “I am confident (the person) is safe here.”

People told us they received their medicines when required. We checked the medicine administration records (MAR) and it was clear this was the case. We saw staff had transcribed medicines for some people, on to the MAR following advice from external medical professionals. These handwritten entries were signed and had been witnessed by a second member of staff. This meant the risk of potential errors was reduced and helped ensure people always received their medicines safely. Some people had been prescribed creams and these had not always been dated upon opening. This meant staff were not always aware of the expiration of the item when the cream would no longer be safe to use. The nurses assured us this would be addressed immediately and creams would be labelled when they left the medicines room to go to people’s rooms. It was not possible to check if people always had their prescribed creams applied as directed on the MAR, as staff did not always record when this was done. The nurses confirmed a system would be implemented to help ensure this was clear in future. The service held medicines that required stricter controls. These medicines were regularly audited to ensure that the stock held balanced with the records kept. We checked these records and found they were correct.

The service were storing medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored daily. This meant any fault with the refrigerator would be noticed in a timely way and the safety of the medicines stored could be assured. An audit trail was kept of medicines received into the home and any unused medicines are placed into destruction bins for incineration.

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Staff had received training updates on Safeguarding Adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the County.

Accidents and incidents that took place in the service were recorded by staff in people’s records. Such events were audited by the provider. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

Care plans contained risk assessments for a range of circumstances including moving and handling, supporting people when they became anxious or distressed and the likelihood of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example one person with complex needs was unable to operate the call bell system, so a call bell mat had been provided on the side of their bed so that if touched anywhere on the mat with anything the bell would call staff immediately. The person found this easy to operate and their anxiety was reduced. The service were constantly striving to improve the quality of people’s lives by supporting them to be as independent as possible. For example, one person arrived at the service unable to take food orally and was fed via a tube directly into their stomach. The family’s wishes for the person to be able to enjoy small amounts of food orally was supported by the service who obtained advice from the healthcare professionals involved in this person’s care. This led to the person having a risk assessment undertaken and small amounts of pureed food were offered to the person who ate them independently. Staff told us, “You should have seen their face when they swallowed the lovely yoghurt, it was so lovely for them.” The risk assessments were regularly reviewed and updated to take account of any changes that may have taken place.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of references. The service had effectively addressed challenges in recruiting care staff by advertising for Care Cadets. This paid role was designed to attract people to the care industry without having to immediately commit themselves to all aspects of carers duties. Care Cadets would start by supporting the housekeeping staff keeping people’s bedrooms clean, helping with bed linen changing and keeping rooms tidy. Then with support from existing staff, provide people with support to eat their meals, or enjoy a one to one activity. If the Care Cadet enjoyed the environment and wished to

## Is the service safe?

take on further responsibility they were provided with training to provide personal care, manual handling and other tasks. The provider told us many Care Cadets had stayed at the service and joined the staff team taking on more responsibility as they felt able to. This demonstrated the provider had been innovative in their approach to recruiting staff and ensuring they were suited to the caring role.

During the inspection we saw people's needs were usually met quickly. We heard bells ringing during the inspection and these were responded to in a timely manner. We saw from the staff rota there were usually seven care staff during the day supported by a nurse on each shift. Care cadets supported morning shifts. Staff told us they felt they were a good team and worked well together. All staff stated there was a great deal of commitment and motivation from the whole staff team.

# Is the service effective?

## Our findings

People living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. We observed care provision to help us understand the experiences of people who used the service.

Following the inspection we spoke with two nurses who worked nights. Comments included; “We always get to attend any training arranged, they give us a couple of dates to see what we can make, and if you do it on your day off you get time back in lieu” and; “We get regular supervision from the manager, its very helpful. We come in a little early or they stay on to see us when we come in at 7pm.”

People’s bedrooms and communal areas were in good condition, however the carpets in the corridors were heavily marked and showing signs of wear. The registered manager told us the carpets were being considered for replacement. The registered manager told us people were asked what they would like on their doors and people chose not to have their names or pictures on their doors. The service did not have anyone who was independently mobile and living with dementia who would require orientation to their surroundings. People were able to decorate their rooms to their taste, and have their own furniture, personal belongings and pictures to give the room a familiar feel. The service were renovating a bathroom with a new assisted bath. We were told the service wanted to enhance the bathing experience for people by positioning the bath in such a way so that staff could supervise from a distance, where appropriate, allowing the person privacy and time to enjoy the experience.

Staff demonstrated a good knowledge of people’s needs and told us how they cared for each individual to ensure they received effective care and support. The provider had taken effective action in respect of staff training requirements. They had identified that electronic learning packages were not always meeting the needs of the service. The provider had arranged for existing staff to be formally trained at college to become trainers in specific areas, such as moving and handling and dementia care. The service could now tailor specific training sessions to be relevant and contextualised for staff, by relating aspects of the training session to the specific needs of people who lived at the service. Staff told us the training they received

was good. One commented; “We have been offered a whole weeks training at a hotel in a months time to help us with our Care Certificate work.” Training records showed staff were provided with updates in a number of areas. Nurses had also undertaken a variety of further training related to people’s specific care needs such as venepuncture (blood taking) and catheterisation. One person told us; “The staff are wonderful, know what they are doing.” One relative told us; “Staff are very committed to making it home from home.”

In care files we saw there was specific guidance provided for staff. For example, detailed guidance on specific conditions and treatments related to people living at the service. This meant staff had easy access to relevant information that supported best practice in the care of individual’s needs. On the wall of the nurses station there was a ‘teaching board’ which covered a different condition each month providing ‘bite sized’ pieces of information for staff about the condition and how to support people. Ideas on what conditions were to be covered each month were sought from staff.

Staff received regular supervision and appraisals. They told us they felt well supported by the registered manager and were able to ask for additional support if they needed it.

Newly employed staff were required to complete an induction before starting work. Plans were in place for any new staff to undertake the new Care Certificate which replaced the Common Induction Standards. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. New staff were provided with regular performance review meetings at three, six and then twelve months. This meant new staff were supported and regularly assessed to help ensure they were meeting the high standards expected by the service.

The service were aware of the legislation regarding the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people’s capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Mental capacity assessments had been carried out and where people had been assessed as lacking capacity for certain decisions best interest discussions had been held. However, these assessments had been undertaken by



## Is the service effective?

external healthcare professionals and no record of this action was recorded at the service. This meant it was not easy to see how the service had come to the decision to make an application for an authorisation for a restrictive care plan for individuals.

The management were not entirely clear on the implications of the associated Deprivation of Liberty Safeguards (DoLS). They had considered the impact of any restrictions put in place for people that might need to be authorised under the DoLS and applied for this. The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a recent court ruling the criteria for when someone may be considered to be deprived of their liberty had changed. The provider had not always considered the most recent criteria when assessing if people might be deprived of their liberty. The registered manager assured us they would arrange for all the DoLS applications to be reviewed. The service held an MCA policy, however the DoLS policy did not take account of the recent court judgement and required updating.

Training for the MCA and DoLS was not shown on the training matrix. We were told this was planned for the forthcoming training week. Staff confirmed they had not received specific training on the MCA and DoLS, however, all staff were able to tell us about how they ensured people's rights were protected and their choices respected at all times. This demonstrated they had a fundamental grasp and understanding of the underlying principles of the legislation.

Family of people living at the service were involved in the care of their relatives wherever possible. However, they had not been given the opportunity to sign in agreement with the content of people's care plans. The registered manager and nurses agreed this was something they would encourage in future reviews.

The kitchen at the service had recently been awarded a five star rating by inspectors from the Food Standards Agency. The new chef had reviewed the menu programme and sought people's views on what foods they most enjoyed. One person who was cared for in bed had very specific food preferences and they told us the kitchen provided anything they asked for. People confirmed the food was good and enjoyable. People told us they were enjoying the cooked breakfast which had recently been made available following requests from them.

Some people were at risk of poor nutritional intake and required to have their food and fluids monitored. The chef fortified meals with cream and butter for people who needed to increase their weight. Staff documented all food and fluids taken by people and these records were monitored by the nurses. However, it was not clear from these records how much was sufficient for each person to be drinking in a 24 hour period. The nurses agreed this would be clear, for each person, in the future. People were able to choose where they wished to have their meals. People who required support with their food were provided with assistance by the Care Cadets. The staff told us the Care Cadets were invaluable at mealtimes as they had the time to sit with people and support them at their pace.

People had access to healthcare professionals including GP's, opticians and chiropodists. The registered manager told us; "We have forged very strong relationships with all four doctors surgeries that serve us and many of the GPs recommend our home to their patients." Care records contained records of any multi-disciplinary notes. People were accompanied by staff from the service when they needed to attend out patient appointments at hospital. The staff were motivated and committed to obtaining the best outcomes for people who lived at the service, they actively sought advice and guidance frequently to ensure they provided effective care and support for people.

# Is the service caring?

## Our findings

People told us staff were caring, comments included; “People are kind, I am very happy here,” “I am going home again in November I am really happy with everything that has happened here,” “I am so well looked after, its home from home,” “I have such wonderful friends that are staff, they come and spend their breaks with me in my room and we have a chat.” One person told us they had no desire to return to their own home, nearby, as they had everything they could ever ask for at the service.

Relatives told us they thought staff were excellent and they felt very welcome and involved in the service and told us; “Lovely care provided here, they have time for people, even the laundry lady pops in regularly for a chat” and “The staff are so considerate.” Comments included; “Sadly (the person) passed away at the weekend but she had a really good active end to her days here, (the person) thought it was a hotel. The care here was exceptional. Their quality of life improved no end when they got here, their TV was hardly ever on as they were so busy. They (staff) took (the person) out to the beach and museums, she found an interest in craft which we had no idea she was so good at, they (staff) always had time for her, this was her home” and “The care (the person) has had here has been what has kept them going, staff spend time with (the person). This place is outstanding, it has given us three extra years with (the person) and we have nothing but praise for it for that”.

Visiting specialist nurses told us; “It is a very caring place,” “Staff here are very committed,” “I cannot fault this home, my own Mum and Dad would come here if they needed care. The staff team here work so collaboratively with each other and us, its really outstanding” and “They (the staff) really don’t need me to visit but I like to follow up on people I have known for a while who live there. Its one of the best homes, it is uplifting for me to go there, it restores my faith and it makes me very happy. The staff are very keen to gain more and more knowledge and make use of me very well, asking questions and ‘running things’ past me. They are innovative and advocate for their patients all the time, constantly checking and questioning they are providing the best practice with external professionals. Their end of life care is really good they ensure people have a pain free calm end to their lives. They really deserve the highest rating.”

We were told by people who lived at the service, staff, families and visiting healthcare professionals of the exceptional improvements made at the service over the past 18 months. All spoke highly of the staff and many spoke of the family atmosphere that had been created. We heard positive comments about the activity co-ordinator as well as the entertainment and activities provided for everyone, including for people who could not always come out of their bedrooms.

The positive feedback and caring culture reported from people and their relatives was attributed to the registered manager focussing on motivating and inspiring staff to deliver kind and compassionate care including improving dignity and compassion and end of life care.

The registered manager told us; “We can teach anyone (within reason) to care for the elderly but you cannot teach someone to be kind. Kindness is something you either have or don’t. I would rather, and have done so many times, work on the floor myself and wait to employ a suitable carer rather than employ anyone” and “I continually remind the staff that we work around what the residents want, not the other way around.” The registered manager recognised some staff had made friendships with some people who lived at the service. When people became unwell or reached the end of their lives staff were supported to spend time comforting them and talking with them. All the staff were visibly saddened by the recent death of a person at the service, and spoke fondly of the person to us. We saw it had been recorded that staff had spent a considerable amount of time breaking the bad news to other people who lived at the service, who were friends of the person who had died, comforting them. Policies and procedures were in place to guide staff on issues relating to death, dying and bereavement, including managing this issue sensitively and observing religious and cultural customs. We saw people’s wishes had been sought and recorded regarding their end of life care and these were clearly displayed in their files to ensure that all parties had easy access to relevant information at critical times. The service worked closely with external healthcare professionals to ensure they had access to information at the end of a person’s life to help ensure their wishes were fulfilled.

During the day of the inspection we observed care being provided to people in the communal areas. Staff took time to engage with people and were calm and relaxed. We saw

## Is the service caring?

from the interactions we observed that the staff team were thoughtful and promoted positive caring relationships between people using the service, their relatives and friends. We heard staff speaking to people about their families, friends and interests. We heard comments including; “Is your friend coming in today, will they be here for lunch?” and “Shall we have a cuppa and go and sit with (named person) and have a chat?” The management, nurses and care staff were very knowledgeable about the people living at the service.

Signs of wellbeing were apparent amongst people who were smiling, engaging with one another, expressing their views and thoughts. We saw people moving independently between floors without restriction and they were able to spend time where they wanted to, for example in their bedrooms, communal areas, and dining rooms.

People’s dignity and privacy was respected. Doors and curtains were closed during care provision and people spoke quietly to people when asking if they needed support to use the bathroom. People called people by their preferred names. People were encouraged to have things that were particularly important to them nearby which reminded them of their past.

People’s life histories were documented in their care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people’s backgrounds and past lives. This helped ensure really individualised care was provided. They spoke about people respectfully and fondly. Staff told us; “We know people very well here, we are a stable staff group and so you build lovely relationships with people” and “I have left here and then returned its such a lovely place to work.”

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People were well cared for. Some women wore jewellery and make up and had their nails painted. Staff were kind and respectful when supporting people.

During the inspection staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the service were caring with conversations being held in a gentle and understanding way. Staff were clear about the backgrounds of the people who lived at the home and knew their individual preferences about how they wished their care to be provided. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress.

We saw people moving freely around the home spending time where they chose to. Staff were available to support people to move to different areas of the home as they wished. People had mobile call bells so that they could summon support at any time throughout the service and grounds.

We saw the home sought the views and experiences of people who used the service, their families and friends and also visiting healthcare professionals. The last survey undertaken in 2014 had largely positive responses. The registered manager told us they were due to send out this years survey, then they would display the responses to both surveys together.

# Is the service responsive?

## Our findings

People who wished to move into the home had their needs assessed to help ensure the home was able to meet their needs and expectations. The care plans had been developed from the information people provided during the assessment process and had been updated regularly to help ensure the information was accurate. The care plans provided staff with clear guidance on each person's individual care needs and contained sufficient information to enable staff to provide care effectively. For example, one person who was cared for in bed, had specialist skin care needs. Each area of the body had a separate care plan which was clearly detailed for staff and regularly monitored and reviewed. This helped ensure care was provided in a consistent manner by all staff. The records showed the care provided was effective in treating the persons needs with improvements documented. Some people required regular re-positioning to help reduce the risk of pressure damage on their skin. We saw staff regularly recorded when people were re-positioned. The staff were proud of the fact that "very few pressure sores occur here." Care records were easily accessible to staff whilst remaining securely stored in the nurses office.

Information about people was shared effectively between the management, the nursing staff and the care staff. The whole team worked in a collaborative way to get the best outcomes for each person. Staff told us; "The care plans are really helpful but we know our residents so well and we know about any changes that happen from handover and we talk to each other all the time" and "We are a really good team, the nurses provide care with us regularly so we all know what's going on at all times." People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the home. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and friends.

We were told about five people who had arrived at the service in very poor health. The staff at the service had recognised that two people required further medical investigation to clarify their diagnoses. On both occasions the original diagnosis had been found to be incorrect and they required different treatment. Both people went on to have significantly improved outcomes following the correct course of treatment. A healthcare professional told us;

"There is no doubt their lives were turned around due to the tenacity and attention of the staff." A third person had been moved to the service for end of life care. Staff recognised this person had potential to improve, provided rehabilitation and individualised support and they were now planning to return to their own home in the near future. A fourth person had experienced a significant health event which had left them unable to take food orally. The service had responded to the family and the person's wishes to try to take some food orally. This person was now having their oral intake increased regularly following close monitoring by the speech and language team and the dietician. Staff told us; "They were totally nil by mouth when they arrived now they are eating whole bowls of yoghurt, its wonderful for them." The fifth person had arrived at the service for end of life care. The person was unable to eat due to poor dental health. The service arranged for the person to have dental treatment at the service. This person's quality of life was dramatically improved due to the responsive care received from the staff, until their life came to an end. This showed the staff at King Charles Court responded to peoples needs and advocated for people in order to improve their quality of life.

The care plans included clear informative daily records of the care provided and activities each person had engaged in. There was a creative activities programme planned by a dedicated activities co-ordinator. This programme included events in the service and many outside in the community. The activity co-ordinator told us; "I am always looking for new things to do, its important to keep things fresh and alive." The "Getting out Project" was designed by the service to help ensure as many people as possible were socially active and going out regularly in to the community to do things they enjoyed. People were encouraged to spend time outside. The activity co-ordinator told us they liked people to have the opportunity to have "the sun on their face and the wind in their hair" whenever possible. We were told; "Even in the winter we go out, as you would in any normal fulfilled life." Trips were supported by families, volunteers and staff who were willing to come in on their day off to take as many people as possible to different venues. People's independence was promoted further by opportunities to spend time together socialising without staff being immediately present. People told us they went out to the local pub, left alone there to order their own meals and drinks and then rang the service to be collected

## Is the service responsive?

when they were ready. The service was constantly striving to offer people a fulfilling life. The registered manager told us “Doing things we all take for granted, like ordering your own food in a pub or choosing your own shopping items in Asda and Marks and Spencer is so important, people so enjoy it.” The registered manager had a good working relationship with the management of the local pub, who held the contact details for the member of staff who had supported people to get to the pub. This was in the event of people requiring assistance or wishing to be collected sooner than previously agreed.

Events in the service included visits from outside speakers such as the Lifeboat service, singers and actors who were to perform an entire pantomime for the service nearer to Christmas. People spoke of their delight and enjoyment of dances, with alcohol available should they wish and film nights. Laptop trays had been purchased to assist people to be able to take part in activities in their wheelchairs when out in the garden. There had been a request from people to have a table top sale which took place with people who lived at the service running the stalls and taking the money. This encouraged people to come in to the service from the local area. The service had a relaxed and friendly atmosphere with many families, friends and healthcare professionals coming and going throughout the inspection. Children were seen running around during their visit to the home and there was a resident cat. People were involved in the planning of activities with support from the staff and volunteers and specific activities had been arranged to meet peoples’ needs. For example, one person asked to have some clothing altered, and staff sat with the person and carried out the alterations for them.

Some people chose to spend their time in their bedrooms, or were confined to bed due to their healthcare needs. Staff spent time with them reminiscing about their past using photographs and life histories, writing letters with them, or assisting them with moving their bedroom furniture around to give them a fresh view of their possessions. This meant people were protected from the risk of social isolation. One

person who was confined to their bed told us; “I love my computer, it is my life line, my connection with the outside world, I don’t know what I would do without it, that and the wonderful staff here.” During the inspection we heard and saw staff regularly calling on people who were in bed to have a chat and a coffee with them. One person had been unable to leave their bed comfortably due to not having appropriate equipment. The service arranged for an assessment and purchased a ceiling track hoist for this person’s room to enable them to be moved more easily and comfortably and spend time out of bed. This had considerably improved this person’s quality of life.

People were involved in the planning and development of new ideas for the home. There were regular residents’ meetings and we reviewed the minutes of these meetings and found suggestions people had put forward had been adopted by the home. For example people had requested changes to the breakfast menu, previously cereal and toast. As a result the chef now started work earlier to provide anything people wanted including a cooked breakfast. People commented on some challenges when negotiating the car park in their wheelchairs due to turning and parked cars. The management had painted yellow lines in the car park indicating where wheelchairs would pass to prevent cars parking or moving over that area. This showed the service was constantly striving to improve the service for the people who lived there.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the pack provided upon admission to the home. People told us they had not had any reason to complain. Everyone spoke very highly of the staff and the care and support they received.

The service received many compliments and letters of thanks from grateful people, their families and friends. Comments included; “Amazed by the standard of care” and “Most impressed, Excellent



# Is the service well-led?

## Our findings

People told us the registered manager had made a huge difference to the service since they had taken over. The registered manager started at the service 18 months ago. Comments included; “The registered manager is really hard working,” “They are always available to anyone” and “Approachable and friendly.” The registered manager told us; “Everybody makes mistakes but it is how we learn from them that matters. Now staff will come to me and ask my advice if they feel that they have done something wrong or if they are unsure about something and I am always, without fail, very supportive to them. I like to be downstairs with the staff, residents and relatives and I am continually available to see anyone at any time and I feel that that is how it should be. I want to know what is going on in the home that I am registered to manage and I sincerely do not take that responsibility lightly. I go home each evening with peace of mind that I know what is happening with every resident.”

Staff told us; “The registered manager is always on call any time night or day,” “We are privileged to work here we really are, there aren’t many homes around as good as this you know,” “I would rather be here than at home” and “There has been a big improvement here, I just love it.”

A visiting healthcare professional told us; “The improvement at King Charles is all down to the registered manager, they have such passion and commitment. There is a great deal of mutual respect, and they all care”

There were clear lines of accountability and responsibility both within the service and at provider level. However, staff were each considered as valuable as the next member of staff and they all worked as a team to reach the high standards of care expected by the registered manager.

The registered manager was supported by a deputy manager who was a nurse, a team of nurses who covered every shift, and a dedicated team of carers, domestic and catering staff. The provider was present in the service regularly and knew the people who lived there and the staff well. Staff morale was very high and all we spoke with were very motivated and committed to doing a good job. Staff were proud of the service and the improvements that had been made.

Staff told us they felt well supported through supervision and regular staff meetings. Staff commented; “It had been

noticed, when the registered manager arrived, there was a big void between the nurses and the care staff, communication was not good and care staff did not feel supported by the nurses and part of the team. Its all different now, the nurses do regular care shifts with carers, everyone is respected, its much better, and we all learn” and “The senior carers role is being made more autonomous, they now run the shifts, organising everything and monitoring and reporting to the nurses as needed.” We were told this had the effect of building staff confidence and had improved standards of care.

There were systems in place to support all staff. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. Regular meetings gave an opportunity for staff to voice their opinions or concerns regarding any changes. Staff had raised the issue of providing breakfasts in the morning when people also required personal care. This was discussed and the Care Cadets were asked to provide people with their breakfasts while the care staff provided the personal care. This showed the service listened to staff and responded to their needs. Nursing staff also had their own meetings and these were an opportunity to meet up, share ideas and keep up to date with any developments in working practices.

The registered manager worked in the home every day providing care when needed and supporting staff, this meant they were aware of the culture of the home at all times. Daily staff handover provided each shift with a clear picture of each person at the service and encouraged two way communication between nurses, care staff and the registered manager. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual. It was clear from our observations and talking with staff they had high standards for their own personal behaviour and how they interacted with people.

There were systems in place to monitor the quality of the service provided. Audits were carried out over a range of areas, for example the interior and exterior of the building was reviewed for any works needed. Fire systems and equipment were regularly checked along with gas and electric appliances, moving and handling equipment and the passenger lift.