Karuna Care (TLC) Limited

Karuna Manor

Inspection report

Christchurch Avenue
Harrow
Middlesex
HA3 5BD

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on the 12 October 2017 and was unannounced.

During our last inspection on 25 October 2016 we found the provider to be in breach with regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This breach was in relation to keeping accurate and contemporaneous records and good governance.

We rated the service during our inspection on 25 October 2016 overall requires improvement.

During this inspection we found that the provider had taken appropriate actions to address this breach. For example we found that records were of good standard and provided detailed information in relation to the care provided to people who used the service. We saw that the provider had improved their quality assurance monitoring systems, which was found to be effective in addressing shortfalls and improving the quality for care for people who used the service.

Karuna Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Karuna Manor is registered to provide accommodation for up to 60 people who require nursing or personal care. Some of the people using the service may be living with dementia. During the day of our inspection 47 people were using the service. People receiving care at Karuna Manor were mostly from an Asian background.
Care and support are provided over three floors. On the ground floor were people who required residential care, on the first floor lived people who required nursing care and on the second floor lived people who had dementia care needs. The home had its own cinema, shop, beauty salon and massage and complementary therapy room in the basement. People had access to these facilities, however therapy sessions and hairdressing were not included in the overall fees and people were required to contribute additionally to them if they wished to receive these services.

Since July 2017 a new manager had been registered with the Care Quality Commission (CQC). 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 found some very good features at Karuna Manor. People lived in a purpose built environment which aimed to maximise people's comfort, cultural background, and choice as well as people's health and social care needs. People had access to culturally appropriate TV channels. The building was dementia friendly. The whole home had full internet access and the building was tailored around people's independence, but without compromising their safety and security. For example, the home had CCTV in all communal areas and door alarms when people accessed the balconies Activities offered were flexible and responsive to

people's needs and the home found creative ways to engage people in activities. Consideration was given to people's cultural, religious and medical needs when offering and providing activities.

All the people we spoke with told us they felt safe. Relatives and staff said they felt people were kept safe and cared for. We saw that the provider had processes and systems in place to keep people safe and protected from the risk of harm. Staff knew how to report any allegations of abuse and showed confidence in the senior leadership that it would be dealt with. People's needs were individually assessed. We saw from care records that there were measures to reduce identified risks. We found there were enough staff deployed to meet peoples identified needs because the provider ensured that staffing levels were based on people's dependency levels. People that required support with their medicine received it safely because procedures were in place to make sure this was done without harm. People received their medicines as prescribed by their doctor.

The service had taken any necessary action to ensure they were working in a way which recognised and maintained people's rights. The staff team understood the relevance of the Mental Capacity Act (MCA) 2005and Deprivation of Liberty Safeguards (DoLS).
People were offered good quality, nutritious and culturally appropriate food. They were consulted and their wishes and choices were incorporated in the meal planning. People were supported to contact GPs and other health professionals when necessary. People told us their health was well looked after.

We observed positive caring relationships between people who used the service and staff. People's cultural identity, religious beliefs and race was understood by staff and met in a caring way. People were involved and encouraged to contribute and make decisions about their own care and their wishes were acted upon. Staff ensured that people's privacy and dignity was maintained and were seen to respect people if they refused care or required additional attention or support. We saw from care records that there were measures to reduce identified risks. People's wishes were respected in regards to the support they required at the end of their life to have a comfortable, dignified and pain free death.

People's needs were assessed and care was planned with people who used the service in mind. There was detailed guidance on how to meet people's needs. Regular reviews were carried out so that people's care records remained current. A complaints procedure was available. We saw where complaints had been received that this had been satisfactorily resolved.

The new registered manager provided good leadership and had a committed staff team who provided the best possible service to each person who lived at the home. The quality of service provision and care was continually monitored and where shortfalls were identified actions were taken to address the issues.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People who used the service were protected from abuse and avoidable harm.

Risks in relation to people's treatment or care was assessed and managed appropriately.

Sufficient staff were deployed to ensure people's needs could be met and suitably vetted staff were employed to ensure people were only supported by appropriate staff.

People's medicines was managed safely and administered by professionally qualified staff.

People who used the service were protected by the prevention and control of infections.

Is the service effective?

Good

The service was effective. People were supported by staff who had the appropriate skill, training and knowledge to meet their needs.

People who used the service were involved in making independent decisions and where they lacked capacity, decisions were made on their behalf with their best interest in mind.

People were provided with a healthy, well balanced and culturally appropriate diet.

People who used the service lived in a well maintained, furnished and adapted home, which ensured people's needs were met and they lived comfortably.

Is the service caring?

Good

The service was caring. Staff treated people with respect and dignity at all times. Strong emphasis was on people maintaining their religious beliefs, cultural and racial background.

People's requests for assistance were answered as quickly as

possible.

Staff interacted with people positively, with patience and understanding.

People were helped to keep in touch with their families and other people who were important to them.

Is the service responsive?

Good

The service was responsive. Consideration was given to providing individual and person centre care. Staff knew how to care for people in the way they chose and preferred.

People had access to a wide range of stimulating, varied, engaging and creative activities, which considered peoples personal and cultural interests.

People and relatives were listened to and concerns and complaints were dealt with.

Is the service well-led?

Good

The service was well led. Staff were committed to meeting each person's individual needs in a person-centred way. The registered manager provided good leadership and also provided 'hands on support'.

Monitoring systems were in place to ensure that a quality service was provided to each person. Any comments or complaints people made were listened to and acted upon appropriately. Where any shortfalls were identified there were improvement plans in place and appropriate action was taken.

Karuna Manor

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.

This inspection took place on 12 October 2017 and was unannounced.

The inspection was carried out by one adult social care inspector and two experts 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; both experts had experience in dementia care. We were also supported by a specialist advisor, who had professional experience of the Mental Capacity Act (MCA), deprivation of liberty safeguards (DoLS), care planning and the assessment of needs of older people living in care homes. We were assisted by an interpreter to assist us in communicating with people effectively. Many of the people using the service had languages other than English as their first language.

Before the inspection we looked at information we had about the provider, this included safeguarding notifications and notifications of specific incidents and quality monitoring reports carried out by the local authority.

During our inspection on 12 October 2017 we spoke with 19 people who used the service, 11 relatives, seven staff, three visiting health care professional and two visiting social workers. We also met with the registered manager, deputy manager and operations manager. We observed lunchtime on all three floors and observed activities at different times during this inspection.

We assessed ten care records, nine staffing records; four medicines administration records (MARs) and other records relevant to the management of the home.

Good

Is the service safe?

Our findings

We asked people who used the service and relatives if they felt safe at Karuna Manor. One relative told us, "It is safe here, everything is perfect, clean and we have activities." One person told us, "Oh, yes I am safe here". Another person told us, "Yes, I am definitely safe here."

Care staff and nursing staff spoken with told us that they had received training in safeguarding adults and whistleblowing. All staff spoken with were able to tell us of the different forms of abuse, how to recognise these and how to report these appropriately. One care worker told us, "If I see a bruise, I would immediately inform one of the seniors on shift or the nurse, but if I think nothing will be done I can call the council or police." Another member of staff told us, "Yes, I had safeguarding training, I would always report to the manager." Training records viewed showed us that staff were provided with appropriate safeguarding training when they commenced employment and there were also annual refreshers. We also saw that people who used the service and visitors were also encouraged to raise any issues. For example we saw on the event planner displayed on each floor a note that "Feeling matters to us", which was also written in Gujarati and Hindi. The registered manager told us that "This is one way of encouraging people to tell us if there is anything wrong." This meant people were protected from abuse and encouraged to raise and report abuse.

All people we spoke with told us that they felt 'safe' and nobody raised any concerns of risks. All care records had detailed risk assessments and risk management plans. These included a waterlow assessment, which is a tool for assessing the risk of developing pressure ulcers, Malnutrition Universal Screening Toll (MUST), which is a tool used to assess the risk of malnutrition and a dependency calculator to assess the number of staff hours required to support the person. These had been regularly updated and reviewed. We also saw risk assessments in other areas such as, bedrails, moving and handling, falls, medicines, smoking, showering and continence. Risk assessments were regularly updated and reviewed to respond to any changing needs and the risk management plans were updated to mitigate the risks to people. We noted that specific risk assessments tailored to an individual's situation and wishes was also put into place. These, for example, evaluated the risk of a person showering independently and of smoking. This meant the registered provider ensured that risks were assessed and management plans were tailored around the person needs and wishes.

People who used the service told us that they were happy with all the staff working at Karuna Manor. One person told us, "Carers are excellent, all of them, from the kitchen staff to manager, and they are all good." Another person told us, "Yep, carers are good, I am happy here." The provider ensured that safe recruitment practices were followed. All staffing folders had relevant documentation in place. These included proof of address, identity, evidence of the right to work in the United Kingdom and an enhanced disclosure and baring check. We saw information of assessments carried out during panel interview to assess the suitability of the candidate to work at Karuna Manor as well as to ensure that equal opportunity processes had been followed. Evidence of professional registration was obtained where required and renewal dates were documented to ensure professional registration did not become invalid. This meant that the registered provider ensured that only staff suitable and safe to work with vulnerable people were employed.

Staff told us that safety checks of the premises and equipment had been completed and were up to date. Records viewed confirmed that all required safety checks had been carried out by the maintenance person and we also saw that any relevant repairs were carried out without delay. Staff told us what they would do and how they would maintain people's safety in the event of fire and medical emergencies. The provider safeguarded people in the event of an emergency because people had personal emergency plans (PEEP) in place and staff knew what action to take.

The service used the Universal Dependency Tool (UDT) to assess the staffing hours required to meet people's needs. For example, the tool calculated the dependency levels according to people's emotional, behavioural, psychological, nutritional and mobility needs. A score was then assigned, which indicated whether the person's needs were high or low.
The registered manager told us that, due to the nature of the service and the religious observances of people, she noted that there had been increased pressure on care staff during mornings due to all people requiring personal care prior to going to the temple. They responded to this by rostering additional care staff in the morning. However, the registered manager told us that she was monitoring the situation constantly to ensure people who used the service could be reassured their needs were met. We also saw that during lunch time all staff available including administration staff were present in the dining areas to support with serving the meals and support people to eat. We viewed the rotas for the month of October 2017 and noted that staffing levels were consistent with people's assessed needs. We asked people if there were sufficient staff at Karuna Manor and they told us, "Yes it is sorted. We have sufficient staff" and "Yes, there is a lot of staff." However, one relative told us, "They could do with more staff in the morning, it is very hectic here and sometimes my relative had to wait a long time for breakfast."

Medicines were only administered by registered nurses. We looked at four Medicines Administration Records (MARs) charts, the controlled drugs book and saw these had been completed correctly. Controlled drugs were stored appropriately and records were clear, legible and of good standard. People told us they received their medicine as prescribed by their doctor. The senior nurse on duty checked the MARs each day to identify any errors or omissions. If any were identified this enabled staff to deal with them immediately. Medicines coming into the home had been clearly recorded. Medicines were stored safely and there was an effective stock rotation system in place. We saw that staff supported people to take their medicines safely and found the provider's processes for managing people's medicines ensured staff administered medicines in a safe way. People using the service raised no concerns in regards to the administration of their medicines.

We saw that staff followed appropriate infection control procedures. For example, we observed staff wearing protective clothing such as disposable gloves and aprons and saw that these had been disposed of between providing care for each person to reduce the risk of spreading infection. Alcohol sanitisers were available throughout the home and easy to access. Staff had received training in infection control and how to handle hazardous substances. A designated housekeeping team was responsible for the cleaning of the home, which included communal areas as well as people's bedrooms. The home had laundry facilities with suitable equipment required for a large nursing home. People who used the service spoke positively about the cleanliness and laundry service they received. One person said, "The cleanliness is good" and another person said, "The laundry is very good here." This meant that the registered provider ensured that people who used the service were protected by the prevention and control of infections.

Good

Is the service effective?

Our findings

We asked people who used the service and relatives if they thought care staff had the right skill and knowledge to meet their needs. People who used the service said, "Yes, I have been here for about two months" and "So far they have done good job." One relative told us, "Yes, my relative gets what she needs."

Staff told us that they were happy with the training they had received. One member of staff told us, "I had a good induction, much better than in my previous place." Another staff member told us, "I am in the process of completing my induction, the Care Certificate and had a lot of different training." We viewed the training matrix which showed us that staff received a wide range of training, such as Duty of Candour workshop, basic life support, challenging behaviour, dementia awareness, diabetes awareness, equality and diversity, prevention and awareness and safeguarding. New staff did a three day induction which was based on the standards of the Care Certificate training. The Care Certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment. Care staff told us that the service was well organised with good support offered by senior staff and managers. We saw that staff received a minimum of four supervisions per year. A year after staff started work at the home a performance appraisal was arranged by their supervisor, to reflect on the past year and set goals for the coming year.

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).

Staff had a reasonable understanding of the MCA. They spoke of the importance of not stopping people doing things they wanted to do if they had capacity to make those decisions. At the same time, they acknowledged that this could cause problems with relatives and spoke of the importance of dealing with any disagreements with family sensitively, involving senior members of staff as needed. The completed mental capacity assessments we saw were clear and well evidenced, indicating that the staff involved had a good understanding of the process. However, in other examples there were indications that there were issues of capacity, but no assessment had been completed. We discussed this with the registered manager who told us that the people had recently moved in and the service planned to carry out a mental capacity assessment in line with the principles of the MCA within the next few days.

A number of care records either had mental capacity assessments or information recorded indicating that people lacked capacity to make decisions about their treatment and care. This, along with the restrictive care plans that all five people we looked at were subject to, indicated that DoLS assessments were required. We checked whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw from records that three people were subject to a DoLS authorisation. The registered manager had made a number of DoLS requests for any other people living at Karuna Manor. Copies of emails from supervisory bodies acknowledging receipt and making reference to a backlog in dealing with assessments were in place.

Case records showed that attention had been given to enabling people who used service to make independent decisions. Some people lacked capacity to make complex decisions, but were able to make day to day decisions independently. The provider used a form which they called a 'needs and preferences' form. This was observed to have been completed comprehensively. Records had been reviewed and they indicated attention to the MCA principle of supporting people to make their own decisions. There was evidence of decisions being made in the best interests of people who lacked capacity.

The registered manager had introduced a new initiative called 'Stop the Clock'. This initiative required all staff working at the home, including administrative staff, to be present in dining areas to support people with their meals. This was introduced to ensure people who used the service were supported during their meal times and have a positive dining experience. We observed lunchtime on all three floors and we saw that a lot of staff were available to serve and assist people to have their meals. Lunchtime appeared to be a pleasant experience for people who used the service with quiet Indian music playing in the background. Staff engaged well with people who used the service and allowed every person as much time they required finishing their meal. The home provided a well-balanced Indian vegetarian diet. People who used the service were provided with a menu with two different meal choices. On the day of our inspection people were able to choose from chapatti, rice, green vegetable, curried lentils, various fruit juices or hot drinks and a glass of Chais. Chais is a drink made of milk and yoghurt. We observed the head chef coming around and talking to people about their meal and asking if they had any special request. We also saw people being offered different meals, for example one person said, "I don't want a hot meal today and asked for a sandwich instead."

We observed where people required assistance to eat this was done by one care worker who took their time and chatted with people throughout. We also saw that staff were very attentive, for example, one person started to eat independently but stopped, we saw a care worker sitting down with this person and helping the person to finish their lunch.

Some people told us they would like to have spicier food, which we discussed with the senior leadership team during our feedback session. We were advised that more people had moved to the home recently. As a result, the service was planning to undertake another food survey in order to update the menu so that people's choices were fully reflected on the menu. We spoke to the hotel and catering manager who showed us the menu and said, "During our last inspection the inspector suggested to have the menu also written in Gujarati and Hindi, which we have now implemented."

People told us their health was monitored and gave examples of actions the service took to meet their health needs. One healthcare professional told us the staff always liaised with them if they had any concerns. The home had arranged training for staff to support people with their exercises. Each person's healthcare needs were described in their care plans and healthcare records were kept. Specialist healthcare support, such as that from community psychiatrist nurses, continence advisors and speech and language therapists, was sought as required. People had access to private healthcare support if this was their choice. The home had a fully furnished complementary therapy room in the basement. Therapy sessions were provided by a qualified therapist and prices were similar to high street prices. We observed a number of people making use of this additional service during the day of our inspection.

Karuna Manor was a modern, purpose built care home. Furnishing, equipment and adaptations were provided with people's needs and comfort in mind. The home has a temple on the ground floor where people can pray and a Hindu priest visited daily for prayers. People had access to a beautifully laid out garden with several areas to relax, meet people or to entertain. The first and second floor had a large terrace, which was built to ensure people's safety, but also enabled people to access the terrace whenever they wanted. For example, the banisters were made from tempered glass and higher than usual to prevent people from climbing over them, the doors to the terraces were alarmed, which ensured staff were always aware where people were. In the basement there was a full sized cinema, a therapy room and a hair dressing salon. There was also a small shop where people could purchase presents and ornaments. We suggested to the registered manager to look into providing toiletries and non-perishable items for people to purchase in addition to what was currently on offer. There were also three room/flats in the basement which was offered to relatives and family members visiting from far or for relatives who wanted to remain in the home while people entered the end of their life.

We also saw that people who required dementia care were well catered for by the environment, for example, all rooms had memory boxes and a small memory card which documented what was important to them. Staff told us that this was a good way to start a conversation with people. Colour schemes on doors and walls were not uniform, which helped people with dementia to find their way around more easily. All people who used the service had internet access and a wide range of English and Asian television channels. The hotel and catering manager told us that some people asked for Sky TV to watch cricket, which was currently being explored.

Good

Is the service caring?

Our findings

We asked people who used the service if staff were kind, caring and ensured that their privacy and dignity were maintained. People told us, "Yes of course they are kind", "Yes they are very kind and look after me well" and "They would always knock on my door when they come in." Relatives made similar comments, one relative said, "Yes, the staff are caring, but my relative has only been here for a few weeks, so it is still early days."

We observed care staff interacting and supporting people who used the service in a kind and considerate way. One care worker told us, "Residents are happy here." The atmosphere on all floors during our inspection appeared calm and relaxed. All care workers had a smile on their face and spent time with people. We saw people sitting together with staff chatting and laughing. For example, we observed one care worker sitting with a person to play a game and we overheard the person joking with the care worker while the care worker explained the rules of the game.

We saw that there was a great emphasis at Karuna Manor to meet people's cultural and religious needs. For example, every morning people who used the service met for morning prayers in the temple on the ground floor. Two Hindu priests prayed together with people and we heard people who used the service signing Bhajan. This activity was clearly very important to people who used the service as the service was very well attended. People went to a local community centre to celebrate Diwali a day prior to our inspection. The weekend after our inspection the home had arranged for a Diwali party, which people who used the service clearly looked forward to. One person told us, "On Saturday all my family is coming and we have a big party here." Many of the care staff were of Asian backgrounds and able to communicate with people who used the service in Hindi, Guajarati or Punjabi. For the staff that were not able to speak these languages there was a simple to use language charts with pictures to use. While most of the people living at the home were Hindi, the home also catered for people from other backgrounds. We spoke with people from other backgrounds and they shared no concerns as the home was meeting their cultural needs. Meals provided were vegetarian. One relative told us, "The Indian culture here is very good."

We observed relatives visiting throughout the day and spending time with people who used the service. We saw that staff made visiting relatives welcome, by greeting them and helping them to find their relative if they were not in their rooms. We observed one relative leaving a small box of chocolate at the nurses' station as a token of appreciation.

We saw that care records were person centred and contained sections on 'needs and preferences' and 'emotional wellbeing'. These were very well written and contained detail and information on how people's emotional needs were best met. We also saw that these sections highlighted that people could be distressed or be anxious. We saw that the guidance was sensitive to people's feelings and documented how to respond to people with compassion and respect.

We saw in a number of care records advanced care plans, which addressed people's wishes towards the end of their life. The advanced care plans were very detailed and provided information about people do not

attempt resuscitation (DNACPR) status. If the people chose not to be resuscitated an appropriate DNACPR form was on file. We saw that these were up to date and referred to the person's capacity and was written in consultation with the family member and appropriate health professional. We saw in one end of life care plan, that the person experienced acute anxiety and pain. The medicines care plan gave the person a choice of pain relief to manage the pain and anxiety together with clear guidance for staff on providing comfort and reassurance. Where care records did not contain an advanced care plan we saw information that people who used the service had been offered the opportunity to discuss end of life care, but declined to do so.

Good

Is the service responsive?

Our findings

We asked people who used the service if they were involved in their care and if their needs were met. People told us, "I have a shower every day, they clean my back and I wash my front," "I walk to Harrow Leisure Centre with staff every day" and "It is ok now, my family take me to the mosque, but the home has offered to take me as well." Relatives also felt involved. One relative told us, "We have been involved in the care plan, there was no problem." Another relative told us, "My relative has improved a lot since moving in."

During our last inspection in October 2016 the provider was in breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance. Staff were not completing records accurately. There was no effective management structure to ensure records were being checked to ensure accurate and contemporaneous records were being recorded and that people had received the care and support they needed on a daily basis.

Care plans we reviewed were clear and comprehensive. They were tailored around the person and gave a good picture of the individual, which included their personal histories and preferences with regards to their care. Care plans addressed people's well-being and guidance was clear for staff to follow how these needs should be met. Care records contained clear recommendations with regards to managing people in distress or when people displayed behaviours that challenged the service. Staff completed a behaviour chart to record any incidences of behaviours that challenged the service. This was analysed to identify possible triggers for the behaviour in order to inform the guidance on how to pro-actively manage the behaviour.

Care plans were regularly reviewed and any changes were updated. However, one of the ten records we viewed were not of similar standard. Although there were assessments in place the records lacked some guidance in how to support the person's assessed needs. We discussed this with the registered manager who told us that the person was not long admitted to the home and she missed out on completing the care records. She also told us that she was still waiting for the family to meet with her to discuss the care plan.

We saw that care records were regularly audited and where there had been omissions these had been addressed appropriately.

We spoke to a visiting healthcare professional who spoke highly of the care he observed. He said people were always nicely dressed, clean and smelled fresh.

The service offered creative ways to enable people to live as full a life as possible. A wide range of social activities was arranged, which were innovative and met people's individual needs. Activities were offered in the morning, afternoon and at tea-time. One of the activity coordinators told us that activities were structured with physical exercise and games during the morning, leisure and creative activities during the afternoon and board games after tea–time.

Activities took people's cultural background into consideration and included board games such as Carom, Chai Naasto, Jalaram Bhajan and preparation of Indian vegetables. The service had also signed up with an

external organisation which trained the staff in providing wellness activities for people who used the service. In addition to the above activities the service ensured that activities were suitable for those who had dementia. These included reminiscence time and memory games, reading newspapers and current affairs. We saw that people accessed the cinema regularly to watch Bollywood blockbusters.

People had regular opportunities to do external activities and excursions. This included a Diwali party at the local leisure centre, visits to various temples as well as regular parties at the home.

If people chose to do things on their own, the home arranged for the library to visit regularly, watch TV in the communal area or their rooms where people were able to access Indian as well as English speaking channels. The home had full broadband access, which allowed people to use laptops, tablets or smartphones to communicate with friends and relatives, play games or watch television programmes and movies.

People who used the service and relatives told us they were clear of how to raise concerns or make a complaint. One relative told us, "I don't have a complaint" and another relative told us, "Yes; I know how to make a complaint." A person who used the service told us, "I am happy here, If not I would tell the manager."

The provider had a complaint procedure in place. We saw that complaints received had been, recorded, investigated and dealt with appropriately. The registered manager audited all complaints monthly to establish if there were any common themes and if any specific actions had to be implemented to minimise the risk of similar complaints being raised in the future. We were also told by staff that complaints had been discussed on occasions during team meetings.

Good

Is the service well-led?

Our findings

Relatives and people who used the service told us that they would recommend the service to others. People said, "Yes, everything is very good here." One relative told us, "I would recommend it to others, it's nice here."

During our inspection in October 2016 we found a continuing breach of regulation 17 of the HSC Act 2008 (Regulated Activities) Regulations 2014. We had concerns in relation to the accuracy or records and documentation. We saw during this inspection that this has improved and found records viewed to be detailed, comprehensive and accurate in relation to people who used the service. We also raised concerns during our inspection in October 2016, that there had been no consistency in management and leadership; we saw during this inspection that a new manager had been registered with the Care Quality Commission since July 2017. We found a lot of positive changes the registered manager made in relation to auditing and monitoring the treatments and care provided to people who used the service. These included regular audits of care plans, medicines and daily records. This meant that the provider was no longer in breach of Regulation 17.

We received mixed information about the new registered manager. Whilst some people spoke very highly of her and welcomed the changes she had made since starting in her post, others felt that there had been too many changes and they were not necessary. Care workers we spoke with were positive about the support they received from the registered manager and senior staff. They described senior staff as flexible and supportive and willing to step in if extra hands were needed. One care worker gave us an example of how a senior member of staff helped them in dealing with a relative's insistence that a person's care should be provided a certain way when it clearly was not the person's choice. We found that the registered manager was knowledgeable about individual people who used the service, their care plans and their health care problems. If the registered manager was not fully aware of any issues, she consulted the relevant care files to ensure she provided us with the relevant information about the person. The registered manager told us that they were aware that some people and care staff were not fully satisfied with the changes implemented. She told us that she will continue to communicate changes with people who used the service and care staff to highlight the benefits and positive impact changes will make to the service provided.

All the staff we spoke with told us they felt people were well cared for. They said they would challenge their colleagues if they observed any poor practice. One staff member said, "It feels since [manager's name] started we communicate better between each other." Staff said the manager was available but was new so they were getting used to different ways of doing certain tasks. One member of staff said, "[Managers name] is nice, but we need to get used to the changes." Staff told us that the registered manager and duty managers were walking around the building daily and that she had a more visible presence. The registered manager told us that this was an initiative she introduced and is called 'Walk the Floor'.

Staff told us staff meetings were held regularly. They said the meetings were used to keep them informed of the plans for the home and new ways of working. They said they received feedback and were encouraged to put their views and issues forward at meetings. We saw the minutes of staff meetings in August 2017. The meeting had agenda items which related to future plans, staffing, training and issues raised by staff. This

ensured staff were kept up to date with events. Specific topics such as laundry issues and handovers between shifts were put on the agenda as extra items. In addition to the staff meeting regular nurse meetings and head of department meetings ensured that issues such as medicines audits, care documentation and other clinical issues in relation to people who used the service were shared and addressed.

The provider had a number of audits and monitoring systems in place, these also included external audits, which were carried out by senior members of the organisation. During the most recent monitoring visit on October 2017 carried out by the operation director specific areas had been looked at including building, finances and staffing. Any shortfalls had been documented in an action plan with specific time frames to action and address these shortfalls. We saw from the improvement plan that actions had been taken to address shortfalls. We also saw that individual staff had the responsibility to carry out regular quality audits in their own areas of responsibilities. For example, laundry staff had to carry out weekly laundry audits and nursing staff had to carry out regular medicines audits.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The registered manager understood their responsibilities and knew of other resources they could use for advice, such as the internet and local community agencies. The registered manager undertook audits of care plans. A selection were completed each month. The registered manager told us they knew more work was required to ensure the opinions of people who used the service and staff were captured.