

Quay Court (Care Centre) Limited

# Quay Court Care Centre

## 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

This unannounced inspection took place on 1 and 4 September 2017. The service was previously inspected on 9 and 10 June 2015 when the service was rated as 'Good' overall. However, we found some minor concerns relating to the administration of medicines. We also carried out a focussed inspection on 24 August 2016 to look at the way people's care needs were being planned and responded to. We made a recommendation regarding record keeping. At this inspection we found actions had been taken to address the issues we found at the previous inspections and there were no breaches of regulations. People received a good service.

Quay Court Care Centre is a residential care home which provides personal care for a maximum of 38 people. It does not provide nursing care. People who live at the home access healthcare through the local community healthcare services. The home is owned by the Devon Care Group, and is part of a group of eight care homes. At the time of this inspection there were 29 people living there.

There was 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.

People told us they were happy living at Quay Court Care Centre. Comments included, "I think they are absolutely super. They are very attentive," and "I love it. It is perfectly alright. They feed me. I have a nice room. I have a bath. What more do I want?"

People received a safe service. At the time of this inspection there were sufficient staff to meet people's needs safely. Call bells were answered promptly and people told us staff responded quickly if they requested assistance. We saw staff sitting and talking to people, and assisting people to move around the home in a relaxed and supportive manner. Routines were carried out in a timely way.

Risks to people's health and safety had been assessed and measures had been put in place to reduce risks where possible. Risks such as choking, weight loss, dehydration, and pressure sores were assessed and reviewed regularly, and measures put in place to reduce the risks where possible. For example, where people were at risk of falling, the risks had been assessed, medical assessment and treatment sought, and equipment provided if necessary.

Medicines were stored and administered safely by competent and trained staff. Records of medicines received into the home, administered to people, and unwanted medicines returned to the pharmacy were accurate. There were systems in place to audit the records which meant that any errors were picked up and addressed promptly.

Safe recruitment procedures were followed before new staff began working in the service. There had been a

low turnover of staff, with many of the staff having worked in the home for a number of years. The registered manager had been recently recruited and had begun to put in place a number of changes and improvements. These included regular supervision sessions for all staff. Staff meetings were held regularly and there were handover sessions at the start of each shift to ensure staff received information on any changes in people's needs. Staff told us they felt well supported. Staff received training and updates on a range of health and safety topics, and other topics relevant to the needs of the people living there. Comments from staff included "The training here is excellent!"

People lived in home that was well maintained, clean and safe. All areas were bright, modern, attractively decorated and comfortably furnished. There were safe patio areas and gardens where people could sit outside in warmer weather. All equipment was regularly checked and serviced.

People received food and drinks to meet their individual dietary needs. All of the people we spoke with were complimentary about the meals. Comments included, "It's all home-made. We've got a really good cook. You always get a really nice meal," and "I think the food is very good. You get a choice of two selections. If you want anything special they try their hardest to get it." People were offered a selection of drinks and snacks throughout the day and staff understood the importance of maintaining people's hydration levels.

People told us the staff were always kind and treated them with respect. Comments included, "I think they are absolutely super. They are very attentive," "Staff are very, very kind," and "They try and help you out all they can. They are very good." Visitors also praised the staff and talked about their kindness and caring manner. People were supported to make decisions about all aspects of their lives.

People's needs had been assessed, and care plans drawn up which provided detailed information to staff about the way the person wanted to be cared for. The care plans had been reviewed and provided information on all aspects of each person's health and personal care needs and any risks. Each person's capacity to make important decisions about their lives had been assessed, and staff had received training and guidance on the Mental Capacity Act 2005 (MCA). Where people were unable to make decisions, and where people's liberty was restricted to protect them from harm, applications had been submitted to the local authority in accordance with the Deprivation of Liberty Safeguards (DoLS). We saw staff offering people choices, and respecting people's decisions about the things they wanted to do.

Staff understood each person's social needs and how they wanted to be supported to remain actively involved both in the community, and in the home. Family and friends were welcomed and kept fully involved. Staff took people out into town, to the shops and the local library. People attended local groups. There were regular visits to the home by members of the local community such as local schools, churches and entertainers. Staff also provided a range of individual and group activities to suit all interests and preferences. People told us they enjoyed the group activities and comments included "They are lots of fun."

People knew how to make a complaint and told us they would not hesitate to speak to a senior member of staff or the provider if they had any concerns. A record of compliments and complaints had been maintained. These showed that complaints had been listened to, investigated, and actions taken to address the issues. There was an open and welcoming culture in the home and people's views were regularly sought, and any suggestions or comments acted upon.

There were systems in place to monitor the quality of the service and ensure people received a good service. A senior member of staff was employed to monitor the quality of the service. They spent time speaking with people every week to make sure they were happy with the service. Any suggestions or requests were actioned immediately. There was an ethos of continuous improvement. All aspects of the management of

the home were monitored, and improvements carried out promptly where necessary. The provider and staff demonstrated a pride in the service and a determination to make sure people received the best possible service.

## 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 told us they felt safe living at the service.

People were protected from avoidable harm and abuse.

People were protected from risks associated with their care.

People were supported by suitable numbers of staff to meet their individual needs.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

People received effective care and support from staff with the experience, skills and knowledge to meet their needs.

People received meals and drinks that met their individual preferences and dietary needs.

People were supported to maintain their health and access healthcare services.

### Is the service caring?

Good ●

The service was caring.

People told us staff, were kind.

People and staff had developed positive relationships.

People's privacy and dignity was promoted.

### Is the service responsive?

Good ●

The service was responsive.

People received individualised care, which was responsive to their own needs.

People's social needs were assessed and people were supported to lead active lives. Good links with the local community were maintained...

There was an effective complaints process which people were supported to use if necessary.

### Is the service well-led?

The service was well-led

People received a service that was regularly checked and improvements were made where necessary.

The manager and providers were committed to developing and improving the service for the benefit of people and staff working there.

The service had a strong value base, and promoted an open and caring culture centred on people's individual needs.

People were supported by a motivated and caring team of management and staff.

Good ●

# Quay Court Care Centre

## **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 1 and 4 September 2017 and the first day was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at the information we had received about the service since the last inspection. This included the Provider Information Return (PIR), notifications, previous inspection reports, safeguarding and quality assurance reports and feedback from Devon County Council commissioners and community health professionals. A notification is information about specific events, which the service is required to send us by law. 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.

We looked at a range of records related to the running of the service. These included staff recruitment records, staff rotas, staff supervision and training records, equipment maintenance and servicing records, medicine records and quality monitoring audits.

We looked at the care provided to people and looked at records relating to their care. These included four care plan files, daily reports, risk assessments and records of visits from health professionals. During our inspection we spoke with seven people who lived in the home, four relatives and friends and two health professionals who were visiting the home during our inspection. After the inspection a relative contacted us by e mail. We also spoke with the provider, the area manager, the registered manager, quality assurance manager, and nine members of staff. We also observed staff supporting people in the communal areas, including support to people at lunchtimes.

# Is the service safe?

## Our findings

People received a service that was safe. A 'thank you' card had recently been received from a grateful relative who said "She has looked so much healthier and I know more settled with the knowledge that people were there in the home to help her if needed." A relative who was visiting the home during our inspection told us they had complete faith in the staff team to keep their loved one safe. They told us, "They ring me at the least thing. If he falls, they know I worry."

At our last comprehensive inspection of the service on 9 and 10 June 2015 we found medicines were not always managed safely. Where medicines had been prescribed to be administered 'as required' there were no clear guidelines as to when the medicines should be administered. During this inspection we found guidance on each medicine prescribed on an 'as required' basis had been placed in the file containing the medicine administration records (MAR) and also in the person's care plan file. This meant staff had quick access to information about when to offer the 'as required' medicines. At the last inspection we also found that handwritten entries in the MAR had not always been signed by a second member of staff to confirm the entries were correct. At this inspection we found handwritten entries had been initialled by a second member of staff to confirm they had been checked and were correct.

We carried out a random check of stocks held and found the totals agreed with the amounts recorded in the MAR. A recent audit had been carried out by the registered manager on all aspects of the medicine ordering, receipt, administration and returns process and actions had been taken where improvements were needed. Senior staff who had been assessed as competent to administer medicines had received relevant training on safe administration of medicines.

We observed medicines being administered during the inspection. Staff took care to check the MAR before removing the medicines from their packaging and administering them to the correct person. The MAR was signed when the process was completed. We found no gaps in the MAR charts. Keys to medicine cupboards and trolleys were held securely when not in use. Safe storage was in place for medicines that required refrigeration, and also for medicines that required additional security. Creams and lotions prescribed for specific skin conditions such as infections or soreness were recorded in the MAR and signed each time they were applied. However, creams and lotions prescribed for dry skin had not been recorded when applied. We discussed this with the registered manager who told us they planned to look at ways of improving their recording of these creams.

Safe recruitment procedures were followed before new staff began working in the home. Risks of abuse to people were minimised because the registered manager ensured new staff were thoroughly checked to make sure they were suitable to work at the home. Staff recruitment records showed appropriate checks were undertaken and references taken up before staff began work. Disclosure and Barring Service checks (DBS) had been requested and we saw evidence to show they had been received and were satisfactory. The DBS checks people's criminal history and their suitability to work with vulnerable people.

People were protected from the risk of abuse. The service had worked closely with the local authority



safeguarding team and commissioners to investigate any safeguarding concerns raised with them, and where necessary they had taken action to keep people safe. Staff told us they would not hesitate to speak out if necessary. Information was displayed on notice boards in the home about safeguarding procedures. Staff were confident they could speak with any of the management team or the provider if they had any concerns about people's safety or possible abuse. They knew how to contact the relevant agencies including the local authority safeguarding team if necessary. A member of staff described the care people received from the staff team and their confidence in their colleagues to protect people from harm or abuse. They went on to say "If this ever stops I would not want to sign my name to it. I would flag it up immediately. I would tell CQC if necessary."

People were protected from the risk of financial abuse. Where people had requested that the service should hold cash to pay for personal requirements such as toiletries on their behalf, it was stored securely and records were maintained of all transactions and balances. The records were audited by a member of the management team to ensure safe procedures had been followed.

Risks to people's health and safety had been assessed and reviewed, and were up to date. Procedures were in place to minimise risks where possible. Risk assessments had been carried out on all areas of the building and on each person's living environment to ensure it was safe and met their needs. The building had been well maintained and was in good decorative order inside and out. Any repairs or maintenance required had been addressed promptly when necessary. Equipment such as hoists, lifts, electrical and fire safety had been serviced and checked regularly. A member of the staff team had been nominated as the health and safety representative, and had undertaken training and qualification to support the management and staff team to maintain safety. Evacuation plans (known as PEEPS) had been drawn up for each person and were held in a central place in the home in case of an emergency. Call bells were checked monthly to ensure they were working. Infection control audits were carried out regularly. All areas were clean and fresh. There were stocks of protective equipment such as disposable gloves and aprons readily available around the home and we saw staff wearing gloves and aprons when carrying out tasks that may place people at risk of cross infection.

Assessments had been carried out on the risks to people's health, and these had been reviewed recently to ensure they were up-to-date. These included the risk of falls, weight loss, choking and pressure sores. Equipment such as hoists was in place where needed and staff understood how to use the equipment. Where people were at risk of weight loss they were weighed regularly and their weight monitored and actions taken to address any concerns. They had sought guidance and treatment from doctors and from relevant health specialists where necessary. Information was displayed in the kitchen on any food allergies, choking risks or special food requirements.

There were sufficient staff employed to meet people's needs safely. Most people and staff we spoke with said they felt the staffing levels had improved in recent weeks and people received assistance from staff promptly when requested. For example, one person said "They always do what is necessary from my point of view. However, another person said "As far as I am concerned they need more staff," although they went on to say they always received assistance when they needed it. One relative told us that at times in recent months they had found people in the communal areas who were distressed or in need of assistance but they were unable to find any staff to help them. However, when we spoke with the registered manager and staff we heard that the number of people living in the home had reduced in recent weeks, and dependency levels were lower. We also heard that the registered manager had introduced new ways of working to enable staff to respond to people's needs more effectively. They acknowledged they had experienced some difficulties in previous months but they had taken action to address these.

During our inspection we saw staff responding to call bells promptly. Staff helped people to move around the home in a relaxed and supportive manner, giving people time to move at their own pace. We also saw staff spending time sitting and talking with people. Staff confirmed there were sufficient staff at the time of this inspection to meet the needs of the people living there. One member of staff told us "At the moment, things are Ok. It's coming back to 'resident focussed' care. Staffing levels have been brought up." Another member of staff spoke about the changes and improvements the registered manager had put in place. They told us "I have always liked this job but it was hard. It's getting easier now since (registered manager's name) started. Sometimes people have to wait for care, for example if a person falls, but generally things are Ok now." They also told us the registered manager, provider and other members of the senior management team would also help out if necessary. After the inspection a member of the senior management team provided us with further evidence to show that recent changes in the way staff were deployed had been successful and people did not have to wait for long periods for assistance with personal care needs. .

## Is the service effective?

### Our findings

People continued to receive a service that was effective. People told us they felt confident the staff were well trained and competent. One person said "I can't think there's anywhere better." They went on to say "They seem to carry out their jobs efficiently."

People were supported by staff with the skills and knowledge to meet their needs. New staff received induction at the start of their employment to ensure they had the basic skills needed to meet people's needs. New staff who had not previously worked in a care setting received training and support to enable them to gain a qualification known as the Care Certificate which is a nationally recognised set of skills training for staff working in health care settings. All staff received training and regular updates on a core set of topics identified by the provider as essential to ensure health and safety requirements are met. These included moving and handling, fire safety, first aid, and safeguarding. They had also arranged for all staff to receive food safety training in the near future. Staff had also received training on a range of other topics relevant to the needs of people living in the home. For example, falls, dementia and pressure ulcer prevention and management. Staff told us they felt the range and quality of the training was good. Comments included, "We have training all the time, on all different subjects," and "Training here is good. Nine times out of ten we are up to date with mandatory training." The registered manager had systems in place to monitor staff training and plan future training courses. A number of staff held relevant qualifications and the registered manager told us they were in the process of identifying opportunities for more staff to gain relevant qualifications in the near future. For example in diplomas and National Vocational Qualifications (NVQs)

Staff were well supported. Since the registered manager had been appointed they had drawn up a plan for staff supervisions and we saw the dates of supervisions they had already completed. They told us they planned to provide one to one supervisions for every member of staff approximately every two months. They had also held staff meetings regularly. There were handover sessions at the start of each shift to ensure staff had information about any changes in people's needs, and any important information and updates.

People were supported to make decisions about all aspects of their lives. We saw staff offering people choices, and respecting people's decisions about the things they wanted to do. All staff had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Care plans contained information about people's capacity to consent to their care and treatment. Staff understood the importance of supporting people to make decisions about their daily lives where possible. The 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. Where people had been assessed as lacking the capacity to consent, staff had involved people's representatives and health and social care professionals to determine whether a decision was in the person's best interests. This ensured people's legal rights were protected.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had carried out assessments of each person's capacity to make decisions, and also identified those people whose liberty had been restricted in order to keep them safe. They had recently submitted a number of DoLS applications to the local authority.

One person had their medicines administered covertly. A mental capacity assessment and best interest process had taken place in line with current legislation and guidance, which indicated the person did not have capacity related to their understanding of their need for medicines, and it was in their best interests to have their medicines given covertly. Guidance had been sought from the person's doctor on the safest method for administering the medicines. A DoLS application had also been submitted for this person in relation to their medication.

Care plans provided information about people's health needs and we saw evidence in the daily records to show those needs had been met. People told us they were confident the staff sought medical advice and treatment promptly when required. They were supported to attend medical appointments when needed. During our inspection a person told us they had a dentist appointment for the following day and they knew that a member of staff would be accompanying them. One person was feeling unwell and a member of staff gave them reassurance they had contacted the person's doctor on their behalf. We also met and spoke with two healthcare professionals who were visiting the home. They told us they had no concerns about the care people received. The staff contacted them promptly when necessary, and they were confident the staff were skilled and knowledgeable. Comments included "I have no clinical concerns," and "The care seems to be 'A one'. They are always approachable. Staff always give people the time they need."

People received food and drinks to meet their individual dietary needs. All of the people we spoke with were complimentary about the meals. Comments included, "It's all home-made. We've got a really good cook. You always get a really nice meal," and "I think the food is very good. You get a choice of two selections. If you want anything special they try their hardest to get it." A relative told us "He loves it. He's got a good appetite." The dining room was attractively decorated and furnished. Tables were laid with tablecloths and napkins to make mealtimes a pleasant occasion. At lunch time we saw staff supporting people to sit comfortably, and meals were nicely presented. There was a friendly atmosphere with staff offering choices and discreet support to people who needed assistance.

The daily menu was displayed on a notice board in the dining room. It showed a choice of two main meals, but we were also assured that if people did not like either of the meals offered they could ask for an alternative of their choice. The cook told us a number of people preferred salads, and their requests were always met. They also provided a vegetarian option. The cook spoke to people each day to find out if they enjoyed the meals, and they had adjusted the menus according to people's preferences and comments. They had information about each person's dietary needs and preferences which was clearly displayed in the kitchen. They described the meals they provided for people who needed special diets, for example to maintain a healthy weight, or soft diets to prevent the risk of choking.

During our inspection we saw people were offered a range of hot and cold drinks throughout the day. There were jugs of squash available in the lounge areas. People were given jugs of water or fruit juices in their rooms. In the daily report files staff were given laminated information sheets reminding them how to check that people were hydrated. Staff were aware of those people who needed reminding to keep their fluid levels up.

# Is the service caring?

## Our findings

People continued to receive a service that was caring. People told us the staff were always kind and treated them with respect. Comments included, "I think they are absolutely super. They are very attentive," "Staff are very, very kind," and "They try and help you out all they can. They are very good." Visitors also praised the staff and talked about their kindness and caring manner. After the inspection a relative contacted us by email. They said, "Quay Court staff are extremely devoted to their clients and treat them with love and respect. Nowhere will ever be perfect but Quay Court comes pretty close." We also heard how staff often visited the home on their days off to sit with people, take them out, or to do shopping for people in their own time. A member of staff told us "Staff love spending time with people."

During our inspection we saw staff sitting and talking with people, offering comfort where needed, and showing compassion and understanding. A member of staff told us how they tried to cheer people up if they became upset, for example by offering understanding or by steering the conversation to a topic they knew the person enjoyed talking about. When people appeared upset, or appeared confused, staff offered gentle guidance or suggested an activity they might enjoy. Where people needed support, for example to adjust their clothing, staff were attentive. Staff took care to support people to wear the clothes they liked, and to have their hair styled attractively. For example, we spoke with a person whose hair was attractively styled and they told us a member of staff had plaited their hair that morning. A healthcare professional told us "Staff always give people time."

When people required assistance with personal care, staff offered support discretely, and made sure people received support in their bedrooms or bathrooms behind closed doors. Staff were observed knocking on doors before entering. People were able to lock their bedroom doors if they wished to maintain privacy and were given assurance that staff would be able to gain entry quickly in the event of an emergency.

When people needed support from staff to help them move safely, staff walked with them, moving at the person's pace, chatting with them and giving encouragement. Staff maintained eye contact, and there was friendly banter and lots of smiles.

A member of staff who had responsibility for caring for people's laundry described how they took care to make sure all personal clothing items were carefully washed and neatly ironed, and told us how important it was for people to be neatly dressed to maintain their dignity. They also made sure items were labelled and returned to the correct person. They knew each person well, and knew people's clothing and therefore the risk of clothing being misplaced was kept to a minimum. They understood how important this was, not only to people living in the home, but also relatives. People we spoke with confirmed they were happy with the way their clothing was cared for. One person described the laundry service as "Spiffing! We have two laundry staff – they are very good!"

Staff told us how much they enjoyed their jobs and they spoke with pride about the care people received. For example, one member of staff told us "It can be very exhausting, but for me it's what I also love about the job. I particularly love caring for people with dementia." They went on to say "The team I work with are very

accommodating. They are naturally caring." A member of staff also told us "We love our residents. If any members of staff don't care, or don't maintain good care, they leave." They described how new staff, and agency staff, were supported by "taking them under our wing" to ensure they understood the importance of treating people with kindness.

People received compassionate care at the end of their lives. A healthcare professional told us they were quite confident that people received good care at all times, including when they were nearing death. They felt staff were competent and knowledgeable about people's care needs at the end of their lives. They told us staff genuinely cared for people, and were upset when people died as they felt they had lost a friend. At the time of this inspection there were no people who were expected to die in the near future. The registered manager told us they ensured people's end of life care needs such as fluid and food intake, and skin care were assessed and monitored carefully. A member of staff told us they had received training on end of life care, and had also been supported to gain a relevant qualification in palliative care. A member of staff told us about recent deaths in the home and said "It's been hard. Most staff attend funerals because they are our friends." A visitor who had recently experienced the loss of a loved one told us "They are lovely here. I have no complaints."

We also saw letters of thanks from grateful relatives after loved ones had died. Comments included "Please pass on my thanks to all at Quay Court who have been so kind and caring in making her time there as pleasant and comfortable as possible. I can't praise them enough." "Thank you, thank you, for all the true care, concern, interest, love and support you gave him," and "I want to say a special thank you to the night staff (names) who were there with us all night, and with the nurses, kept Mum comfortable and relaxed at night. Mum had a very peaceful end, in her own surroundings. I am so grateful for that." We also saw a letter of thanks from a relative after they had received a letter of condolence from the provider. They said "I did want to say a big thank you for your very thoughtful and touching letter. Your support and the amount you care means a great deal to me – to all of us – (more than I can say) and I know you share in our pain and loss, which is a great comfort."

# Is the service responsive?

## Our findings

People received a service that was responsive to their needs.

We carried out a focussed inspection of the service on 24 August 2016 in response to concerns relating to the times people were assisted to get up in the mornings. We found no evidence to support the concerns. However, we noted the records did not show people's preferred times of getting up and going to bed. During this inspection on 1 and 4 September 2017 we found care plans had been improved and contained clear evidence about people's preferred times of rising and going to bed. From our observations and our discussions with people, visitors and staff, we were assured that people received support in a timely manner, and from staff who understood their needs.

We spoke with people and staff to find out if people's preferences regarding daily routines were being met. A relative told us staff, "Know their personalities thoroughly. They get to know people. They care." We also looked at the care plans and daily records. People's needs were assessed before they moved into the home, and a care plan had been drawn up for each person to reflect their needs. The care plans had been recently reviewed and were up to date. The registered manager was in the process of consulting with each person, or with their relatives or representatives to make sure the information in the care plans was correct. The care plans provided information about people's daily routines, and explained how they wanted to be supported by the staff.

There was a stable staff group, many of whom had worked in the home for a number of years. Most staff knew each person well and understood their care needs. However, the registered manager had recognised that agency staff and new staff may not have time to read each person's full care plan and they had begun to draw up one page summary sheets to provide a quick overview for staff. They planned to draw up one for each person, to be included with the daily reports sheets to provide quick access to key information for all staff. Staff told us they read the care plans when they had a quiet moment, and they would look at the care plans if they needed to check on any specific care need they were unsure about.

Staff demonstrated a good knowledge of the people who lived in the home, their preferences and their individual needs. For example, one member of staff described how they observed people who were unable to communicate their needs verbally to find out their usual routines, and to gain an understanding of people's preferences. Staff knew people's history and background, and supported people with memory problems to talk about things they used to do. For example, we saw staff sitting and talking to a group of people. One person appeared sleepy, and a member of staff gently encouraged the person to wake up and join in the conversation by asking "Do you remember when...?" This encouraged the person to reminisce about happy times in their past.

Staff understood each person's social needs and how they wanted to be supported to remain actively involved both in the community, and in the home. Family and friends were welcomed and kept fully involved. Staff took people out into town, to the shops and the local library. People attended local groups. There were regular visits to the home by members of the local community such as local schools, churches

and entertainers. Staff also provided a range of individual and group activities to suit all interests and preferences. Monthly activities and events programmes were displayed around the home, along with photographs and evidence of previous events people had enjoyed. People were encouraged to make suggestions for future outings and things they want to do. There was a supply of books, games, crafts and jig saw puzzles for people to use, and we saw people using these. Staff took an interest in the things people enjoyed doing, and encouraged them to continue their interests. For example, a member of staff obtained a new jigsaw puzzle for one person when a favourite puzzle was damaged. People told us they enjoyed the group activities and comments included "They are lots of fun."

People knew how to make a complaint. In each bedroom there was a copy of the home's brochure which included details of their complaints procedure. There was also information in the entrance hallway. People told us they would not hesitate to speak to a senior member of staff or the provider if they had any concerns or complaints. A record of compliments and complaints had been maintained. These showed that complaints had been listened to, investigated, and actions taken to address the issues. For example, they had received a concern that people may not have received a bath or shower as often as they would have wished. The registered manager had put in place a monitoring system to check when people had been offered baths and showers and there were records in place that showed the concerns had been addressed.



## Is the service well-led?

### Our findings

People continued to live in a home that was well-led. People told us they felt the home was well-managed and had confidence in the management team.

Before this inspection took place the provider completed a Provider Information Return (PIR). This gave us a wide range of information about the home and how it was managed. It also provided information about how they had listened to people and staff and valued their comments and views. They told us "the home now has a new manager who has promoted an open culture within the home. This has led to people feeling confident to air their concerns, an atmosphere that is welcoming, and residents know that they can choose how they live their lives." During our inspection we heard from people and staff who confirmed this was correct.

A relative told us they had seen many improvements since the new registered manager began working there. They told us, "The whole atmosphere since the new manager started is better. The staff are better." Staff also spoke positively about the registered manager. Comments included "(Registered manager's name) is great. She is really approachable. I get on really well with her," and "It's a lovely place. She knows her stuff. She is very supportive." Staff told us they had experienced a few difficult months before the registered manager began working there but said it was much better now. One member of staff said they now enjoyed their job once again, saying "Staffing levels have increased since (registered manager's name) started. It's Ok now." Another member of staff said "I have always liked my job but it was hard. It's getting easier since (registered manager's name) started." Another member of staff said "(Registered manager's name) is trying to bring it back up. I think she is getting there. She is very approachable."

Staff also praised the provider and the senior management team for their positive support and their management of the service. Comments included "(Provider's name) is lovely." Staff told us if they felt there was anything that could be put in place to improve the service they could approach the provider and it would be put in place immediately. One member of staff told us they had been concerned that staff had not received sufficient training to deal with difficult situations. They said the provider had listened and "Two weeks later we received training on conflict resolution." Staff were encouraged to ask for any additional training they needed. Staff told us the provider and senior management team really cared about the home environment, and the care people received, and always acted quickly when any suggestions or concerns were raised. A member of staff told us "We keep an eye on the environment and make sure any repairs needed are flagged up". Other comments included "We always get compliments about how this place looks and how it's maintained," and "Any problems, they listen." A member of staff we spoke with had worked in a number of other care homes in the area and told us "This is by far one of the best!"

The registered manager and provider had a good knowledge and understanding of their legal responsibilities. They kept themselves up to date with any changes of legislation, for example through care journals and the CQC web site.

Staff told us they enjoyed their jobs and felt well supported. They had regular staff meetings and daily

handover sessions and felt confident they could speak out if they had any concerns or suggestions for improvements and their views would be valued. Comments included "I love it. I love the residents. That's why I am here." Staff talked about the close working relationships and how they supported each other, particularly through busy periods. Comments included "We all have to pull through together." "It's a good team," and "We've got some good staff. We all pull together."

There were systems in place to monitor the quality of the service and ensure people received a good service. A senior member of staff was employed to monitor the quality of the service. They spent time speaking with people every week to make sure they were happy with the service. Any suggestions or requests were actioned immediately. They also sought the views of people who lived there, and their relatives and representatives through annual questionnaires. The results of the questionnaires were collated and suggestions acted upon.

Monthly monitoring checks were carried out on all areas of the building, and on the management of the service. Where action was needed this was carried out immediately, for example if equipment such as hoists were required, these were obtained. Monthly monitoring checks also covered areas such as staff recruitment, training and supervisions. Medicines were audited and checked, menus were reviewed, and people's comments on the food were taken into consideration. Risks to people's health and safety were reviewed including accidents and incidents. Monthly management meetings were held with the provider's senior management team and these were an opportunity for issues to be flagged up and areas for improvement to be identified and actioned.

To the best of our knowledge, the registered manager has notified the Care Quality Commission of all significant events and notifiable incidents in line with their legal responsibilities. The provider and the registered manager promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.