Mrs M Fuller

Kinloch Tay Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 8 and 12 October 2018 and was unannounced.

Kinloch Tay is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Kinloch Tay is a care home which provides accommodation for up to 21 people. At the time of our inspection, there were 20 people living in the home. This home provides a service to older people, including people living with dementia, a sensory impairment, a physical disability or a mental health need. The service was arranged over two levels, and connected via a passenger lift and staircase. There was a mix of single and double bedrooms, most of which had en-suite facilities available. There was an accessible bathroom and toilet on each floor as well as a single toilet on the first floor. Communal facilities included a large lounge, a dining room and a secure garden area that people could easily access.

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

At our last inspection in October 2017, the service was rated 'Requires Improvement' overall and we identified breaches of Regulations 11 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's rights were not protected in line with the Mental Capacity Act 2005 and risks to people were not always identified and assessed to ensure their safety. We also identified a breach of Regulation 18 of the Registration Regulations 2009. The registered manager had not notified the CQC of all incidents involving people living at the service. At this inspection, we found action had been taken to address these issues, and there were no longer any breaches of regulation.

Individual and environmental risks were managed effectively. Risk assessments identified risks to people and provided clear guidance to staff on how risks should be managed and mitigated.

Staff were knowledgeable of the Mental Capacity Act 2005 and people's rights were protected in line with the Act at all times. Where people were required to be deprived of their liberty, this was completed and recorded in an appropriate and timely manner.

People felt safe living at Kinloch Tay. Staff knew how to keep people safe and how to identify, prevent and report abuse. They engaged appropriately with the local safeguarding authority.

Thorough staff recruitment checks were carried out when a new staff member started working for the service. There were enough staff available to keep people safe at all times and staffing levels were

monitored by the registered manager.

There were robust systems in place to ensure the safe management of medicines. People were supported to receive their medicines by staff who had been trained appropriately and medicine administration records were completed accurately.

Staff received a variety of training and demonstrated knowledge, skill and competence to support people effectively. Staff were supported appropriately by the registered manager and deputy manager.

People were supported by staff with their nutritional and hydration needs. People were offered choice at mealtimes and menus contained a variety of nutrition and healthy foods. Where people had specific dietary requirements, this was well documented and staff were aware of how to meet these needs.

People had access to health and social care professionals where required and staff worked together co-operatively and efficiently.

People were cared for with kindness and compassion. Staff had developed positive relationships with people and their relatives and knew what mattered most to them.

Staff took action to protect people's dignity and privacy at all times and encouraged people to be independent with all aspects of their daily routines where possible.

People had a clear, detailed and person-centred care plan in place, which guided staff on the most appropriate way to support them. People's families were invited to be involved in the planning and delivery of their relatives care where appropriate.

The service had a clear process in place to deal with complaints and we saw that concerns were dealt with in a timely and effective manner.

People had access to a variety of activities to ensure they received appropriate mental and physical stimulation, and were encouraged to follow their own interests.

People, their relatives, visitors and staff members commented positively on the leadership of the service and felt that the service was well-led. The provider was engaged with the running of the service and was approachable to people and staff.

There were appropriate auditing systems in place, which ensured that issues were acted upon and ideas for improvement were responded too.

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 felt safe and staff knew how to identify, report and prevent abuse.

Appropriate recruitment procedures were in place. There were enough staff to meet people's needs.

People received their medicines safety and as prescribed. Medicines were ordered, stored and disposed of correctly.

Procedures were in place to protect people from the risk of infection.

Individual and environmental risks had been identified and were managed safely.

Is the service effective?

Good

The service was effective.

People received effective care from staff who were knowledgeable, skilled and supported in their role.

People's rights were protected in line with the Mental Capacity Act 2005. There was a clear process in place to ensure that people were only deprived of their liberty appropriately and where required.

People were supported to eat a variety of nutritious meals and were encouraged to drink often.

People had access to health care services and professionals where required.

Staff worked together co-operatively for the benefit of delivering effective care and support.

Is the service caring?

Good

The service was caring.

Staff treated people in a kind, compassionate manner and attended to people's needs at a personal level.

Staff had developed positive relationships with people and their families.

People were encouraged to be as independent as possible in their day to day routines.

Staff ensured that people's dignity and privacy was respected at all times.

Is the service responsive?

Good

The service was responsive.

People received person-centred care and staff respected people's choices.

People's care plans were personalised and contained clear information about how to meet each person's needs.

There was a robust complaints procedure in place to ensure that concerns were investigated and dealt with appropriately.

People were supported to participate in a variety of activities to ensure they received mental and physical stimulation.

Where appropriate, steps were taken to ensure people received compassionate and dignified care at the end of their lives.

Is the service well-led?

Good

The service was well-led.

People were happy living at Kinloch Tay and felt the service was well-led.

The provider was engaged in running the service and there was a positive and open culture.

Staff were organised, motivated and worked well as a team. They felt fully supported and valued by the registered manager.

There were robust auditing processes in place. The quality of the service was monitored and appropriate actions were taken when required.

Kinloch Tay Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 8 and 12 October 2018 and was unannounced. On the first day of the inspection there was one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day of the inspection, there was one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed the information in the PIR, along with other records we held about the service including previous inspection reports and notifications. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

We spoke with three people living at the home and three family members. We spoke with the registered manager, the deputy manager, five care staff and the cook. We also spoke with two visiting healthcare professionals. We looked at care plans and associated records for four people, records relating to staff recruitment, training and support, records of accidents and incidents, policies and procedures and quality assurance.

The home was last inspected in October 2017 when it was rated as 'Requires Improvement' overall with a breach of Regulation 11 and Regulation 12 of the Health and Social Care Act 2008.

Good

Is the service safe?

Our findings

At our previous inspection, in October 2017, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure risks relating to the health and safety of people using the service were assessed, and take action to mitigate identified risks. At this inspection, we found sufficient action had been taken and the provider was no longer in breach of this regulation.

People told us they felt safe at Kinloch Tay. Their comments included, "I do feel safe here" and, "Yes, I feel safe. I like it here very much." People's relatives were assured that their loved ones received safe care and support. One family member said, "The staff are always keeping an eye on [my relative] throughout the day".

Individual risks to people were managed effectively. Risk assessments identified potential hazards to each person and detailed actions taken in order to reduce the risk of harm. For example, one person had been identified as at risk of injury or falling when transferring or moving around the service. A risk assessment was in place which detailed how the risk had been identified on the person's admission, and the actions staff should take to ensure the person's safety, such as correct use of manual handling equipment. Other potential risks to people had also been considered and recorded within people's care plans, including use of the call bell system, and nutrition and hydration.

Where people were at risk of developing pressure injuries, the service had worked hard to ensure appropriate actions were taken to reduce the risk of further injury and promote the healing process. For example, we saw special pressure-relieving mattresses had been provided and there was a process in place to help ensure they remained at the right setting according to the person's weight. Clear information was available to staff in people's rooms to remind them of the correct steps to take to support people's skin integrity, and records showed people were supported to change their position regularly to further reduce risks of pressure injury. We spoke with a visiting health professional who specialises in this area of care. They told us, "From a tissue viability side, it is probably the best place I've been too. I am genuinely impressed with their paperwork. I have brought [a colleague] with me today to show them how good it is as an example."

Where people had fallen, the service had a robust falls assessment procedure in place, which included the completion of a falls risk assessment, a review of possible causes of the fall and a clear post falls assessment protocol. This meant that staff followed a 48-hour observation period and completed a body map which identified any signs of injury. The registered manager used this process to monitor any trends and patterns in falls and identified action taken to minimise the risk of falls re-occurring. Furthermore, they explained how the service had implemented a monthly falls monitoring tool in partnership with the local authority safeguarding board, which highlighted any reoccurring patterns and identified actions taken.

Environmental risk assessments had been completed appropriately to ensure each risk identified was managed effectively. For example, risk assessments were in place for the use of cleaning materials, personal care delivery, the management of hot and cold weather and residents having pets within the service. Gas

and electrical appliances were serviced routinely and there were plans in place to deal with foreseeable emergencies. Fire safety systems were checked and audited regularly and staff received training in fire awareness. Each person had a personal emergency evacuation plan (PEEP), detailing the individual support they would need if the building had to be evacuated. We saw records of recent fire drills that had taken place and staff had been trained to administer first aid.

Staff had received training in safeguarding and knew how to identify, prevent and report abuse. Staff had access to phone numbers for the local authority safeguarding team and were aware of how to contact them should the need arise. The registered manager had contacted the CQC and the local authority safeguarding team where appropriate to raise issues of safeguarding concern.

There were robust staff recruitment procedures in place. Potential new staff were shown around the home and introduced to some of the people using the service as part of the interview process. The registered manager told us that where possible, feedback was sought from people to give their initial views of the potential new staff member. Appropriate arrangements were in place to ensure that staff were suitable to be employed at the service. Staff recruitment records for four members of staff showed that the registered manager had operated thorough recruitment checks in line with their policies and procedures to keep people safe. Relevant checks were carried out before a new member of staff started working at the service. These included the completion of Disclosure and Barring Service (DBS) checks, which would identify if prospective staff had a criminal record or were barred from working with vulnerable people. There was a formal approach to interviews with records kept demonstrating why applicants had been employed and staff files included application forms, references and health declarations.

There were enough staff deployed to meet people's needs and keep people safe. The registered manager assessed staffing needs by observing staff and listening to feedback from people and staff. Throughout the inspection, we saw staff were available to support people and call bells were responded to promptly. Care staff said there were sufficient staff on duty at all times. One staff member commented, "[Staffing levels] are OK for the people that we have here at the moment." There was a duty roster in place which was completed by the registered manager. They told us that they ensured there was a suitable skill mix of staff for each shift and that a senior staff member was always available. Absence and sickness was mainly covered by existing staff working additional hours or by the 'on-call' management for each day.

There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of safely and correctly. Full stock checks of medicines were completed regularly to help ensure they were always available to people. We saw that people were administered their medicines safely by staff members who had received appropriate training. Staff had their competency to administer medicines checked, to ensure their practice was safe. Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. People's care plans also contained a medicines administration information sheet, which detailed clear guidance for staff to ensure each person received personalised support when receiving their medicines. The guidance also stated where the person had any difficulties when taking their medicines and how staff could assist to overcome this. Information about people's medicines was available for staff, which described the condition that the medicine was taken for, as well as common side effects that may occur. This helped staff to understand why the person needed the medicine and when to identify an adverse reaction. A clear protocol was in place for PRN medicines 'as required', which included a system of recording the time that the medicine was given, to reduce the risk of an overdose. There was a clear process in place to help ensure topical creams were not used beyond the manufacturers' 'use by' date. Staff recorded the application of creams to people and had clear information as to where each prescribed topical cream should be applied and when this was required.

There were appropriate systems, policies and procedures in place to protect people by the prevention and control of infection. These included infection control risk assessments, cleaning schedules and a cleaner who worked on alternate days of the week. People and their relatives commented that the home was always clean and tidy. One person said, "The equipment is kept clean. Staff are always cleaning my room" and a relative said, "Everything is kept very clean here, they are always cleaning something."

Staff had completed infection control training and had access to personal protective equipment (PPE), which we saw they wore when appropriate. The laundry room was clean, organised and staff used a clear system to help prevent cross contamination between soiled linen entering the laundry and clean linen leaving the laundry. A sluice room was available with a separate hand basin for staff to wash their hands and systems were in place to ensure commodes were cleaned appropriately following use. The registered manager was aware of the action they should take should there be an infectious condition within the service. The home had been awarded five stars (the maximum rating available), for food hygiene by the local environmental health department.

Good

Is the service effective?

Our findings

At our previous inspection, in October 2017, we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that where people lacked the capacity to give informed consent, appropriate action was taken in line with the Mental Capacity Act 2005. At this inspection, we found sufficient action had been taken and the provider was no longer in breach of this regulation.

People received effective care from staff that were skilled, competent and suitably trained. A person said, said "From my point of view the staff are well trained. They are really good." One person's relative said, "The staff are very supportive of [my relative], they look after her very well indeed".

Staff protected people's rights by following the principles of the Mental Capacity Act 2005 (MCA). 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Records showed that where people lacked capacity, decisions made on their behalf were done so in their best interest and with the support of people who had the legal authority to make those decisions. Staff demonstrated a good knowledge of the MCA and how this applied to their role when supporting people. One staff member said, "It's about people being able to make a decision and how we should support them."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider was following the necessary requirements. DoLS authorisation had been approved for several people living at the service and the registered manager had a system in place to ensure that DoLS authorisations did not expire beyond a certain date.

New staff completed a structured induction programme before being allowed to work on their own. This included a period of shadowing a more experienced member of staff and the completion of essential training as required by the provider. A staff member said, "My induction was really good. I did shadow shifts on nights and days. I have previous care experience so I didn't do lots and lots, but if I wanted more, I could ask for it and I know they would be ok with it." Staff who were new to care were supported to complete training that followed the standards of the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. Experienced staff received regular refresher training in all key subjects and some staff were being supported to complete vocational qualifications in care. Staff we spoke with were complimentary about the training they received and told us they found training sessions beneficial to their role. One staff member said, "Oh, I've always got [training] booklets on the go. I shouldn't complain though as they are useful and it's important we are refreshed in our knowledge." During the inspection, a visiting health professional had arranged with the service to deliver

training to staff on the subject of tissue viability. We spoke with a staff member afterwards who said, "The training was great, the trainer was really nice and it was really engaging."

Staff were supported appropriately and felt valued. Staff received one to one sessions of supervision. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns and discuss training needs. Supervision records viewed were detailed and the registered manager said that staff were also regularly observed by the management team and provided with feedback in relation to these observations.

The environment was well maintained and appropriate for the people who lived there with a passenger lift to the first floors. The home was decorated to support people living with dementia or poor vision and included picture signs on toilet, bathroom and bedroom doors. People's bedrooms contained photos, personal possessions and furniture of their choice. People had access to a variety of different communal areas in the home, which meant they could choose whether they spent time with others or alone. People had access to the gardens which were safe, fully enclosed and provided various seating options. People were given the opportunity to be involved with decoration and refurbishment in the communal areas of the home. For example, the registered manager told us about a large picture in the dining room, which people had helped to choose. They explained that they use the picture as a talking point with residents and decorated the picture to tie in with events, such as Christmas and parties.

People were complementary about the food provided and were offered alternative choices at mealtimes if they wanted something different. One person said, "I do like my food, today I didn't want sausages so they made me a jacket potato." Mealtimes were a social experience and people were encouraged to sit in the dining room for lunch, however other people ate in their bedrooms if they preferred. Where people required assistance to eat or cut up their food, this was provided promptly in a patient and supportive way. A relative commented, "[My relative] usually eats in the dining room, he needs help eating and gets that help from the care staff." Throughout the inspection, we saw that people were offered hot and cold drinks and staff prompted people to drink regularly. People confirmed that they were able to have drinks and snacks in the evening or night if they wished. A relative said, "Snacks like biscuits with [my relative's] tea are always available and a jug of orange juice is always in her room when I visit."

People were able to express their views on the variety of the food and drink at the service. For example, we saw minutes of a recent meeting held with people who lived at the service, which discussed this topic and possible menu suggestions. Where people had been identified as having particular dietary requirements, including soft textured diets, this was clearly documented within their care plan. The cook was aware of people's individual nutritional needs and explained appropriate action they would take if people were losing weight.

Staff were knowledgeable about people's individual health needs and people were supported to access appropriate healthcare services when required. A person's relative commented, "If [my relative] needs a GP, we would use the visiting doctor." We saw records in people's care plans which evidenced regular visits from health and social care professionals, such as doctors, district nurses, opticians and chiropodists. For each visit, a recording was completed which detailed the type of visit, the outcome and any changes made within the person's care plan or further action taken. This was kept in people's care plans to help monitor their health and medical conditions.

The service used technology to monitor people's general health and take action where appropriate. For example, a variety of health monitoring equipment was used as part of a 'telehealth' scheme in partnership with a local medical centre. With the consent of the person, staff used the equipment to take their

observations, such as blood pressure, temperature and pulse, which could then be sent electronically to the medical centre. This enabled staff to identify adverse readings and highlight this to medical professionals immediately. A health care professional commented of the scheme, "Working with Kinloch Tay, they have embraced the use of telehealth in the [local area]. The reporting, highlighting and recognition of deteriorating residents has been beneficial in timely treatment."

Staff worked co-operatively together for the benefit of delivering effective care to people. A relative commented, "The staff here are great and get on well with each other". Staff were kept up to date on people's changing needs through verbal handover meetings which were held in between shifts. These meetings provided the opportunity for staff to be made aware of any relevant information about risks, concerns and changes to the needs of the people they were supporting. We saw that staffing was consistent and this had clearly brought a positive impact to the service. One person told us, "Staff are stable, many have been here a long time" and a healthcare professional commented, "It is nice that the staff are treated as a team and that the turnover of staff is not there, meaning consistency for their residents."

Good

Is the service caring?

Our findings

Staff showed care, compassion and respect towards the people living at Kinloch Tay. People, their relatives and professionals spoke positively about the attitude and approach of staff. One person said, "The staff are lovely and have time for me, I am never rushed." A visiting health professional commented, "The staff seem caring, friendly, chatty and welcoming."

Without exception, all interactions we observed between people and staff were positive, attentive and supportive. A staff member said, "Where the lounge is central to the building, we are always passing through, so people see our faces and we check they are OK." Another staff member said, "If I can make someone smile and laugh, that's really important." Staff addressed people using their preferred name, knelt to their eye level and used touch appropriately to provide reassurance. Staff spoke with people in a polite manner and took time to engage with people on a personal level, without rushing them. For example, we observed two staff members helping a person move from an armchair into a wheelchair. They reassured the person to take their time and spoke about other daily conversation topics during the transfer, which made the person laugh and smile. A family member commented, "The staff do not rush [my relative], they are very kind and considerate with him."

Staff had built caring relationships with people, they knew what was important to them and showed consideration towards people's interests. For example, we overheard a staff member asking a person if they would like their television on to watch a royal event. The person replied, "Oh, yes please! You know I wouldn't want to miss it." As well as developing positive relationship with the people living at Kinloch Tay, staff had also built a strong rapport with people's friends and family. We overheard a staff member going into a person's bedroom whilst they were sat with their relative, to put some of their laundry away. The staff member asked the person and their relative if it was OK to come in before their entered and after they had finished putting the person's clothes away, we heard them asking the person's relative about another person in their family, as they had been unwell.

Staff demonstrated genuine affection and compassion when talking about the people they supported. For example, one staff member spoke with us about a person who had a mental health need, they said, "We did some training about [mental health condition]. It was nice to know how to support him in the best way. We've built a such a great relationship with him, so it's sad to see him when he is low." Another staff member told us about a person who had mentioned to staff they would like a new 'crisp-white' t-shirt. The staff member said, "We never quibble about spending our own money, we went to the supermarket and bought him some. A t-shirt or two is nothing to us, but to him, it made his day."

A number of people living at the service had a diagnosis of dementia, which had an impact upon their physical and emotional needs. We observed interactions which clearly demonstrated that staff had a sound knowledge of how to interact and speak with people living with dementia, in a caring and empathetic manner. For example, we observed one person who appeared very distressed, telling a staff member they needed to get home to their family. The staff member sat with the person, speaking with them gently and patiently until the person had calmed down. The staff member ensured the person felt safe before they got

up to leave. During the inspection, we were told that one person's pet dog had recently passed away, which had lived with them at the service for a number of years. We saw the person looking under tables and behind doors trying to find the dog, with a lead in their hand ready to go for a walk. A member of staff approached the person calmly and spoke with them sensitive manner, using distraction techniques when they appeared upset that they could not find the dog. The staff member comforted them and said, "Let's put the lead in a safe place in your room and go outside for a little walk." We spoke with a health professional, who commented, "When the dog became so unwell and old, the compassion and shared grief with this gentleman and other residents was lovely to witness, the care and compassion was outstanding."

People were encouraged by staff to remain as independent as possible in all aspects of their day-to-day routines. Staff demonstrated a clear understanding of the importance of maintaining people's independence to assist in improving their overall well-being. One staff member commented, "I give people their independence. I ask them what they need help with first", and another said, "I will give [person's name] a flannel so they can do the areas they want to themselves." People's care plans clearly highlighted to staff what people could do for themselves and when support may be needed, such as giving verbal prompts and providing physical assistance.

People's dignity was protected at all times by staff who were considerate in maintaining people's privacy. A person told us, "The staff are very respectful towards me, they always respect my dignity, very much so". A relative said, "The staff do treat [my relative] with dignity, they asked us to get new tops that were longer and did not ride up and uncover her back". During the inspection, we saw staff knocking on people's doors and waiting for a response before they entered, which people confirmed to us always happened. Staff described the practical steps they took when ensuring that people's dignity was upheld during personal care. One staff member said, "I always close the curtains and shut the door, including the bathroom door inside their bedroom. In the shared rooms, we use the privacy dividers." Another staff member told us, "I always tell them what I am doing, I reassure them constantly." We looked at records of concerns and complaints that had been raised and saw that one person had requested they did not wish to have curtains in their room. Staff had spoken with the person to ensure their dignity and by compromising to have the curtains pulled to the side during the day and down whilst personal care was delivered, which the person had agreed to.

People and their relatives confirmed that they were involved with developing and reviewing the care and support they received, including information in care plans. One relative said, "Yes, I have been involved in [my relative's] care plan, if there is ever a problem we are contacted." Another visitor said, "I was involved in [my relative's] care when they first arrived, I had discussions with the manager". Confidential information was stored in lockable cabinets, which were kept in the registered manager's office and the staff office.

People's cultural and diversity needs were explored during pre-admission assessments. These were further developed in people's care plans over time, with the person and their relative's involvement where appropriate. The registered manager spoke with us about links they had made to the local church, including regular visits by a priest. The registered manager was aware of how to request the services of independent advocates if needed. Advocates can be used when people have been assessed to lack capacity under The Mental Capacity Act 2005 for a specific decision and have no-one else to act on their behalf. They are independent people who spend time getting to know the people they are supporting to help make decisions that they believe the person would want.

Good

Is the service responsive?

Our findings

Staff had a good awareness of understanding people's needs and were responsive to these. People received care and support that was individual and personalised. The importance of ensuring people had choice and control over their daily routines was embedded within the culture of the service. For example, we saw minutes of a staff meeting which reminded staff: "There are no set rules with clients rising and going to bed." Staff promoted choice and respected people's autonomy by empowering them to make as many of their own decisions as possible. We heard people being offered choices throughout the inspection, such as where they would like to sit, what they would like to watch on the television and what they would like to eat and drink.

Assessments were completed before people moved into the service, and the information was used to develop a care plan in consultation with people and their relatives where appropriate. As part of the assessment process, relatives were involved to ensure staff had an insight into people's personal history, their individual preferences and interests. Information of this type helps to ensure people receive consistent support and maintain their abilities and independence levels.

Care plans were clear, detailed, organised and provided comprehensive information to enable staff to deliver care and support in a personalised way. The care plans were centred on the needs of each person, how they wished to receive care and support and what their preferred daily routine looked like. For example, one section of a care plan describing a person's night routine provided information such as; whether they liked to have supper in the evening, what time the person liked to go to bed, and if they preferred a light on or the door open whilst they were asleep. These records helped to ensure that people received the care they required in line with their needs, wishes and preferences. Other areas of care plans explained how certain situations or activities may make the person feel or react emotionally, such as frustration, embarrassment or happiness. Information was available so that staff were aware of people's emotional needs in these circumstances and could take appropriate actions to support people. Care plans were reviewed regularly with the help of nominated key workers. A key worker is a staff member who takes a particular interest in a named person, ensures the person's care plan is up to date and acts as a point of contact with family members.

The service was responsive to people's changing needs. Records showed that when people's health deteriorated, the service referred people to appropriate health care professionals. Care plans also contained detailed information for staff about what actions were required if people's needs changed. Healthcare professionals confirmed they were contacted appropriately, in a timely way and that staff always followed any recommendations they made. One healthcare professional said, "If there are any medical concerns, they contact me immediately." Another healthcare professional told us, "I can't fault it [the service]. The staff are very adapting to people's needs, I've asked them to share what they know with other places I visit!"

The provider had arrangements in place to deal with complaints. People and their relatives told us that they felt able to raise a complaint and the provider and registered manager were 'approachable' to discuss concerns. One person said, "If there was a concern, I would talk to the manager, but I haven't had any

problems". Information about how to raise a complaint was clearly displayed in the main reception area of the service, along with contact numbers for the local authority complaints team and the CQC. Where people were not able to read this information, or had difficulty in verbally communicating, staff were knowledgeable of how to identify changes in people's behaviours that may indicate they were worried about something. Staff supported people to talk about any concerns they had, in order to resolve them effectively. We viewed records of recent complaints. These had been investigated thoroughly and responded to promptly, in accordance with the provider's policy. The registered manager described how they used complaints to help identify learning and to improve the service.

People were supported to access a range of different mental and physical stimulation. People spoke positively about the range of activities available at the service. A relative said, "It is difficult for [my relative], but they do encourage her and take her to the lounge for activities." Activities were provided both in groups and individually. Activities included arts and crafts, reminiscence, quizzes, arm chair exercises, music and pampering sessions. The service had made links with two local charities, who regularly visited the service to do activities with people, such as reminiscence and games. During the inspection, we observed most people were either sat in the main lounge or in their bedrooms watching television or pursuing their own interests, such as jigsaw puzzles. A staff member told us about a person with a visual impairment who liked to watch a television programme in which actors spoke with distinctly comedic accents. They said, "Sometimes, you can't go wrong with the TV. We put on [television programme] for [person]. He listens to how they talk, he loves it." On the first day of the inspection, we observed a group discussion activity taking place in the main lounge of the service, which was well attended. The registered manager advised that the service was 'pet-friendly' and spoke about a number of people's pets in that past that had accompanied them when they moved into Kinloch Tay. We looked at records of resident's meeting, which showed that people were given the opportunity to discuss what kind of events and activities they would like to be involved in.

People were supported to receive good end of life care and effective support to help ensure a comfortable, dignified and pain-free death. People were supported to make choices about their end of life care and their families were consulted. Care plans contained information about people's next of kin and basic end of life wishes, such as the funeral provider people would want and whether they had a will in place. This would help to ensure that people's end of life preferences were respected and acted upon. The registered manager also told us about how they work closely with relevant healthcare professionals and provide support to people's families to help ensure that they were fully involved.

Good

Is the service well-led?

Our findings

At our previous inspection, in October 2017, we identified a breach of Regulation 18 of the Registration Regulations 2009. The registered person had failed to notify the CQC of relevant incidents involving people who used the service. At this inspection, we found sufficient action had been taken and the provider was no longer in breach of this regulation.

People and their relatives told us they felt the service was well-led. Comments included, "The service is well managed, it runs smoothly", "There is a good atmosphere here all the time. This care home runs very well, it is well managed" and, "[My relative] likes it here, I think it is well run."

There was a clear management structure in place consisting of the registered manager, the deputy manager and senior care staff. Each had clear roles and responsibilities and the management team worked well together. People, their relatives and professionals spoke positively of the leadership of the service and confirmed they were visible and approachable at all times. One person said, "I do know the manager, she is very nice and helpful." A health professional commented, "[The registered manager and the deputy manager] are great at leading the team." Staff were also complimentary of management and told us that they felt confident to raise any issues with the senior management of the service, knowing they would be listened to. Their comments included, "If there are any problems, [the managers] are straight there" and, "I can go to [the managers] about anything. [The deputy manager] and [the registered manager] are lovely, they work well together too." Staff also told us that the registered manager and deputy manager completed regular care shifts alongside them, or would step in if needed.

There was an open and transparent culture within the home. The provider's performance rating from their last inspection was displayed in the entrance area of the service and the registered manager notified CQC of all significant events. Visitors were welcomed any time and were offered a meal if they wished to join their relative at lunch or tea time. A duty of candour policy had been developed and was being followed, to help ensure staff acted in an open and honest way when accidents occurred. There were good working relationships with professionals; a visiting health professional commented, "I can't fault it, I like the way it feels. It's very homely and open here." The registered manager described the values of the service as those of providing 'continuity and maintaining a high standard of care', whilst being 'as homely as possible.' Staff were aware of the provider's vision and values and how this related to their work.

There were appropriate quality assurance procedures in place. These included auditing aspects of the service, such as infection control, medicines, care planning and fire equipment. Following the previous inspection, the registered manager had taken a proactive approach towards identifying improvements to the service. We saw a development report of the actions that the registered manager had taken in response to the feedback received from the inspection report.It was evident that the management of the service were committed to ensuring that previous concerns highlighted were not repeated. Policies and procedures viewed were appropriate for the type of service and were accessible to people and staff members if required.

The registered manager told us they felt supported by the provider, who visited regularly and was engaged with any changes within the service. Staff commented on the positive input from the provider and felt equally confident to raise issues and concerns with the provider if appropriate. A staff member commented, "[The provider] pops in regularly. They come in and pick up on things you don't always see, which is really good."

The registered manager had built a good rapport amongst staff and maintained a good oversight of staff team morale. They regularly completed spot checks outside of their normal working hours to observe staff practice in areas such as client welfare, locking up procedures, completion of care documentation and environmental cleanliness. This helped to ensure that people received safe, compassionate and effective care at all times. Staff told us they enjoyed their jobs and felt appreciated by management of the service. Staff comments included, "They always thank us, they are good like that", "The staff are brilliant, I love working here" and, "It's rewarding. You go home feeling you've done some good." We looked at records of staff meetings which were held regularly and gave staff a chance to discuss particular areas of the service collaboratively with their colleagues.

The service worked in partnership with the local authority, healthcare professionals and social services to help ensure that people received effective and safe care. Healthcare professionals described the positive relationships they had built with the registered manager and staff members for the benefit of the people living at the service. One healthcare professional commented, "I for one along with [my colleagues] have no concerns with the care that [people] receive at Kinloch Tay and look forward to continued working together." The service had made links with organisations and people within the local community, which gave people living at the service an opportunity to get involved with communal events and activities. For example, the registered manager told us about a harvest festival that was held at Kinloch Tay with the involvement of the local church.

Feedback was sought about the service from people, their relatives, staff and health and social care professionals, by sending out an annual survey. We looked at responses to the survey, which included only positive comments such as; "My opinion is that Kinloch Tay is excellent and well led. I am very happy to be professionally part of the team" and, "We never worry about [our relative] because we know she is safe, well fed, well looked after, is warm and comfortable and very importantly, is loved." Resident meetings were held regularly and people's relatives were welcomed to attend. Where suggestions and ideas for improvement were put forward, the registered manager had taken action and documented the outcome. For example, some people had asked for new menu choices and new puzzles and games and we saw that both requests were responded to promptly. Resident meetings also gave the opportunity for people to express their views on the attitude and culture of staff and remain informed of any changes to the service, such as renovation works.