Two Rivers Investments Limited

Kenwith Castle Nursing and Residential 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?	Outstanding

Summary of findings

Overall summary

This inspection was unannounced and took place over two days; 1 and 5 December 2016. The service was previously inspected in November 2014 where we found improvements were needed in one of the five key areas. This was because people felt they had to wait long periods for their needs to be met. We did not issue a requirement as actions were being put in place to improve staffing and the deployment of care staff at key times. At this inspection, we found there were sufficient staff and people's needs were being met in a timely way.

Kenwith Castle is registered to provide nursing and personal care for up to 59 older people. It is divided into two floors or units. One provides for people with nursing needs and the other provides care and support for people without nursing needs. At the time of this inspection there were 50 people living at the service. There was a registered manager running the service who was supported by a deputy and team of nurses; senior care staff and administrators. 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 benefitted from a service which was extremely well run. The registered manager had worked at the service for over 11 years and showed a strong commitment to continuous improvement via training, support and learning from audits and feedback. The management approach was open and inclusive with people, relatives and staff all having a strong degree of confidence in the registered manager and her team. Effective quality monitoring systems were used to help drive up improvement and this included seeking the views of people, their relatives and staff.

There were enough staff with the right skills, training and support to meet the number and needs of people living at the service. Staff said they felt valued and were encouraged to contribute to how the service was run and how care and support was being delivered. Staff understood people's needs and knew what their preferred routines and wishes were. This helped them to plan care in a person centred way.

People were supported to express their views and were involved in decision making about their care and were offered day to day choices. Staff sought people's consent for care and treatment and ensured they were supported to make as many decisions as possible. Staff confidently used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, capacity relatives, friends and relevant professionals were involved in best interest decision making.

Medicines were well managed and kept secure. People received their medicines in a timely way and where errors were noted, staff acted quickly to ensure people were not at risk. People were offered pain relief and received their medicines on time.

People mattered and staff cared for people in a way which showed empathy, kindness and respect. People's

healthcare needs were well met and staff understood how to support people with changing healthcare needs.

People were supported to enjoy a healthy balanced diet. Mealtimes were seen as important events and staff ensured this was an unhurried and enjoyable part of people's day.

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 said they felt safe living at the service. Staff managed risk in positive ways to enable people to lead more fulfilling lives.

Staff knew about their responsibilities to safeguard people and to report
suspected abuse.

People were supported by enough staff to receive appropriate care. Robust recruitment procedures were followed to ensure appropriate staff were recruited to work with vulnerable people.

People received their medicines on time and in a safe way.

Is the service effective?

Good

The service was effective.

People experienced a level of care and support that promoted their health and wellbeing.

People were cared for by skilled and experienced staff. Staff had regular training and received support with practice through supervision and appraisals.

People's consent to care and treatment was sought. Staff confidently used the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood how these applied to their practice.

People were supported to eat a well-balanced diet and they had access to health professionals to make sure they kept as healthy as possible.

Is the service caring?

Good

The service was caring.

People received care from staff who developed positive, caring and compassionate relationships with them.

Staff were kind and affectionate towards people and knew what mattered to them.

Staff protected people's privacy and dignity and supported them sensitively with their personal care needs.

People were supported to express their views and be involved in decision
making.

Is the service responsive?

Good

The service was responsive.

People received person centred care from staff who knew each person, about their life and what mattered to them. Care, treatment and support plans were personalised.

People were encouraged to socialise, pursue their interests and hobbies and try new things. Their views were actively sought, listened to and acted on.

People were partners in their care, care records were individual, personalised and comprehensive.

People knew how to raise concerns which were listened and responded to positively to make further service improvements.

Is the service well-led?

Outstanding

The service was really well-led.

The management team led by example and promoted a strong sense of wanting to continually improve.

People were at the heart of what mattered. People's views were sought and taken into account in how the service was run and made changes and improvements in response to feedback.

The culture of the home was open, friendly and welcoming. People, staff and visiting professionals expressed confidence in the management team.

There was robust and effective systems to review and improve on the quality of care and support, taking into account the views of people and staff.

Kenwith Castle Nursing and Residential 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.

The inspection took place on 1 and 5 December 2016. The first day was unannounced and was completed by an inspector, a specialist advisor in care of older people and dementia 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. The expert's family member was living with dementia and was cared for in a residential setting. The second day was announced and completed by one inspector.

Prior to the inspection we reviewed all the information we held about this service. This included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the service's 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 improvements they plan to make.

During our visit we met most people using the service, and spoke with 14 people to gain their views about the care and support they received. We also met with 10 care staff, the registered manager, deputy manager, housekeeping staff, administrator, activities coordinator and the operations manager. We spoke with six relatives during the inspection. Following the inspection we also had feedback from two healthcare professionals.

We looked at records which related to five people's individual care, including risk assessments, and people's medicine records. We checked records relating to recruitment, training, supervision, complaints, safety checks and quality assurance processes.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to their dementia.

Good

Is the service safe?

Our findings

At the last inspection we completed in November 2014, we found the deployment of staff did not always ensure people's needs were being met in a timely way. We therefore rated this key area as requires improvement but did not issue any requirements.

During this inspection we found people were kept safe because there were enough staff with the right skills and knowledge for the number and needs of people living at the service. One person said they had to wait for their call bell, for up to ten minutes sometimes. When we checked this with the registered manager, we looked at the monitoring of calls bells. They were being answered between two and four minutes and this person had not waited for more than four minutes from the sample we checked. The registered manager said that following the previous inspection, they looked at when their pinch points were and had made sure they had additional care staff available during those peak times. This included early mornings and lunchtimes.

At the previous inspection we found people were not always supported to engage in one to one activities which may have placed them at risk of social isolation. Since that inspection, the service had employed an additional activities coordinator. There was one full time and one part time activities coordinators who planned and delivered both group and individual one to one activities.

People said they felt safe. One person said "I feel safe but I've got a broken arm at the moment." They explained how this had occurred and staff confirmed risks had been fully assessed. Another person told us they enjoyed ''knowing staff are around if you need them.'' One relative spoke about their parent having a number of falls and that the service had moved their room to be nearer the nurse's station. They said "it's a huge weight off your mind knowing they're cared for."

Staff said they were able to meet people's needs with the number of care staff, nurses and ancillary staff available each day. One said ''It can be hectic, especially if someone is very ill or dying, but we can ask for extra help if we need it.'' The preferred staffing levels were decided using a dependency tool. Normally there were one or two nurses per shift, a senior carer worker nine care staff, cleaners, cooks and reception staff. In addition there were laundry and maintenance staff. A full time registered manager and deputy worked supernumerary to the care staff, but could provide additional hands on support when needed. There were also two activity coordinators who worked throughout the week. Senior staff reported that ''when the staffing was up to full levels it was easier.'' Sometimes with sickness it fell below optimum levels. Staff said this did not happen as often as it had in the past and ''wherever possible we would get our own staff to do extra hours or agency staff familiar with the residents.'' In such situations ''all hands would be on the deck, including the managers.'' Care staff appreciated having an activities coordinator, but when they were not available programmed activities continued to take place.

People were protected from potential abuse because staff understood what types of abuse to look out for and who and when they should report their concerns to. Staff were able to give a good account of safeguarding practices, types of abuse and the action to be taken if abuse is suspected. They were able to

identify where the policies and procedures were. Senior staff said the training was excellent and as it was on-line the system meant that staff could not bypass the training or gain a certificate without reaching a satisfactory level. Care staff also felt they had the right training and access to information to keep people safe.

People were kept safe as risks had been assessed and reviewed to ensure measures were in place to reduce any potential risks. For example, staff had knowledge of those at risk of choking, including those vulnerable due to dementia. People identified as having a risk of choking were also assessed by speech and language therapist (SALT). The care plan documentation and list of diets in kitchen supported this. We observed people being carefully assisted with soft diets. Staff treated them with respect and the food was given in a timely, yet unhurried manner. Care staff were able to explain why the person required a soft diet. The senior care assistant said ''no resident in this unit currently under care of SALT team'' but spoke at length about the observations they would make of any person whose dementia put them at risk of choking. Anyone who was at risk, were in a dining area where staff were able to supervise, assist and intervene if necessary. The care plans and risk assessments supported what staff told us.

Where people were at risk of developing pressure sores, a national tool was used to assess the risk. If someone scored high on the risk assessment tool, actions were taken to minimise this risk. This included the use of pressure relieving equipment and instructions to staff to clearly record how often people's skin was being monitored. Where people had pressure relieving mattresses, plans included what setting the mattress should be set for their weight to ensure this provided optimal protection.

People who required additional support for safe moving and handling, had risk assessments and care plans to show staff how to safely move people and what equipment was needed. Each person who needed to use a hoist had their own sling. Staff confirmed there was always a good supply of equipment and that they received up to date training to ensure they used safe techniques in moving and transferring people. Our observations of staff working with people confirmed this.

People were cared for in an exceptionally clean, hygienic environment and there were no unpleasant odours in the home. Daily cleaning schedules were used and housekeeping staff used suitable cleaning materials and followed cleaning and infection control procedures. Staff used hand washing, and protective equipment (PPE) such as gloves and aprons to reduce cross infection risks. There had been a recent infection control outbreak and the service used appropriate measures to prevent the spread. This included requesting no visitors, isolating people to their rooms and ensuring all areas had been deep cleaned. The most recent environmental health food hygiene inspection had rated the home with the score of four out of five. Staff confirmed they received training in infection control and they had a good supply of PPE. One relative said ''This place is always lovely and clean, I have never had cause for concern in that respect. It is such a nice place to visit.''

Suitable recruitment procedures and required checks were undertaken before new staff began to work for the service. Checks included the Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff recruitment files also held copies of staff identification, relevant references and their applications had full employment histories.

People received their medicines safely and on time. The records of medicine administration were electronic and allowed staff to see quickly if people's medicines were due at a particular time or if they should be rescheduled because they had received their medicines at a different time. This helped to ensure people had good pain control and were not receiving medicines too soon after their previous dose. Staff confirmed

they had training, support and ongoing assessment of their competencies to administer and record medicines accurately. There are contingency plans if the electronic system failed. Spare medicine handset (electronic device used to record medicines) was available and staff could print off MAR sheets for manual recording if the system failed or an agency nurse unfamiliar with the system was the only person available to administer medicines on the nursing unit. Each of the two floors were self-contained for storage and administration of medicines. Where additional measures were needed for safe storage of medicines, these were in place, with two staff members signing when this medicine was administered. Our observations of staff administering medicines over the lunchtime period showed they followed safe processes to ensure they only recorded 'administered' once they had witnesses the person swallow their medicine. Good records were maintained for the use of ointments and lotions.

Accidents and incidents were reported and reviewed to identify ways to further reduce risks. One nurse described a recent incident where a person slipped and sustained a fracture. She explained how she completed her primary survey and action taken. Initially the person was refusing to go to hospital so she alerted GP and the person's relative persuaded them to go to hospital. All the information was correctly recorded. The root cause of the fall was investigated and action taken to reduce the risk. She gave two further examples of incidents and both demonstrated the balance of risk and the least restrictive options to manage the risk. The Senior care assistant was able to describe how they reduce the risks of slips and falls and this was visible in care plans and capacity assessments. There was evidence of external agencies being involved in planning and advice, including occupational therapists.

There were regular checks of all safety aspects at the home, including fire safety and hot water monitoring. Individual risk assessments regarding fire safety (PEEPS) were also completed.

Good

Is the service effective?

Our findings

People and their relatives were confident they received effective care and support. Comments included "They (staff) are very good on the whole, don't know where I could get better". They added that "the girls on the whole are very good except for the odd one." One relative said ''They (staff) are on the ball, they know when (name of relative) is becoming unwell and needs to see the doctor. They are very good, keep me informed. I couldn't ask for better.''

People received effective care, based on best practice, from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. There was a strong training ethos and staff said they were funded for any courses that would enhance their abilities to deliver care. For instance, the senior care assistant had completed a course on caring for people with dementia. Other staff had recently attended a conference on ways of managing the behaviour of people with dementia. As the expectation of the role of senior care assistant had increased nationally, the organisation had ensured staff were safe to perform their roles, for example learning the requirements of operating the syringe driver. (A syringe driver helps control symptoms by delivering a steady flow of liquid medication through a continuous injection under the skin.)

New staff were required to complete an induction programme. This included the Care Certificate, which covered all aspects of the care to help them understand their role and do their job effectively. One staff member confirmed they had been completing this training and hoped to go on to do a diploma in care. Another staff member said ''This has been the best place I have worked, especially for the training they give you. We did a course for a whole day on dementia, I learnt loads.'' New staff were supernumerary and shadowed other more experienced staff until they were proficient. The registered manager said this varied depending how confident the staff member was and whether she and the senior staff felt they understood the basics about how the service was run and the needs of people. One newer staff member confirmed they had shadowed staff for four or five shifts before they were rostered onto being part of the care team.

The provider information return stated, ''New staff are given a robust induction at the home and a "buddy" system is in place to support new carers. Care South (provider) has invested in an online training tool, The Aged Care Channel that offers a comprehensive induction package for new carers as well as, those with more experience. The programmes are current and regularly updated, and a distinct set of programmes helps us to ensure that new starters can achieve the Care Certificate. All training for the staff is provided free of charge and employees are paid for training time - even if undertaken on line. All employees are encouraged to undertake Diploma levels 2 and 3, and Care South actively encourages further education and training. Nurses are supported to revalidate. (this is a process to enable nursing staff to show they can continue to practice)''
Staff said they received regular supervisions to discuss their role and future training needs. All staff also had an annual appraisal. Records showed these were in process and staff signed to say they had agreed to the records of supervision and appraisals.

People's rights were protected because staff understood the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. The MCA provides the

legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision was made involving people who know the person well and other professionals, where relevant. For example where a risk had been identified of someone falling out of bed, but they lacked capacity to agree to the use of bed-sides, a best interest decision was agreed with relevant people. This included consultation with the person's family and the GP. One urgent DoLS application had been granted and six further applications had been submitted for approval by the local authority. Staff knew why these applications had been made and could describe which people were subject to restrictions such as use of keypads, sensor mats and continuous supervision. Every staff member was given a small prompt card outlining the key principals of the MCA.

Staff worked in a way which ensured people had choice throughout their day and records showed that staff gained people's consent before providing care and support. Staff were able to describe how they ensured they gained consent from people. One staff member said ''We explain what we are doing and ask them if they are ready. For some of our residents this might just mean a nod of their head or they may just say no, then we go away and come back later to try again.''

People were offered a variety of meals to suit their tastes and promote their health and well-being. The comments from people in respect of meals were very positive. "Very nice soup"; "no complaints about the food"; "they do study the likes and dislikes of the residents" and "the food is very good, I fill in the menu for the week on Monday." Menu's reflected the fact there was always at least two choices available as well as a variety of lighter options. The chefs had a good knowledge and understanding of people's likes and dislikes and worked around these to ensure everyone got something they enjoyed. For example they had been trying out spicier dishes which had gone down well with some people but not others. The chefs also catered for people's special dietary requirements such as diabetes and celiac. There were always other options for people to choose from. For people living with dementia, staff used visual cues to ensure they were offered a choice. This could be using photo menu cards or showing people two choices of meals plated up. People were offered drinks and snacks regularly throughout the day and weight charts showed people's weight was well managed. Where people were at increased risk of malnutrition or dehydration, or had a poor appetite they were offered drinks and snacks regularly throughout the day, and food and fluids were monitored.

Mealtimes were seen as important and tables were nicely set out with condiments and people were offered a choice of drinks including wine if they wished.

People had access to healthcare and were encouraged to stay healthy through being active, healthy eating and monitoring of their general well-being. Daily records showed people had access to a variety of healthcare professionals, including their GP, community nurses, opticians and chiropodists. One healthcare professional confirmed the service was in regular contact with them for advice and support and followed any instructions to ensure people's health and well-being was maintained.

Good

Is the service caring?

Our findings

People and their relatives were positive about the support and care they received from staff. Comments included ''They (care staff) are very kind.'' And "They are very nice here; they tend to you very well". One relative said ''They seem to go the extra mile to make sure the place is happy and nice for people. Staff are all very friendly… you could not get better I don't think.''

Staff understood the importance of offering people choice and respecting people's wishes. Staff were able to describe how they ensured people were afforded as much choice as possible in the way they delivered care and support. It was clear people's wishes in how they chose to spend their time and what they enjoyed doing were honoured and respected by staff. During handover meetings staff discussed people's general well-being and emotional well-being. It was clear staff shared and celebrated when people were enjoying their day or a particular activity. Staff spoke about people as individuals, knew their social histories and who was important to them. What was important to the individual was understood and known to staff, which helped them develop strong bonds and meaningful relationships with people. For example, we saw one person was asking when their family member would be visiting. Staff spoke with them about the fact they had visited the previous day and asked them if they wanted to see the flowers their relative had brought in for them.

At lunchtime, we observed staff spending time with people in a relaxed and unhurried way. They ensured the mealtime was a sociable occasion and there was lots of chatter and laughing. Two relatives said they often ate with their relative and were always made welcome. One said ''I can visit anytime of the day or night, I am always made welcome and always offered a drink and something to eat. That's caring.''

The ethos of the service was centred on core values and these included a caring approach. They looked for this when interviewing for new staff. In the PIR the registered manager said ''During interview we always ask the question 'Why do our residents deserve the best?'. Care South and the home have actively promoted our core values which are represented in the acronym HEART. This stands for Honesty, Excellence, Approach, Respect and Teamwork. These values are sought on interview from prospective employees and in our everyday work. Care South holds an annual Star Award Ceremony at which the achievements of staff are celebrated and awards are given to those that have been nominated for living the values. Kenwith Castle is proud that we have previously won in Carer of the Year Award and also in Support Team of the Year Reception Team. This year we were finalists in Support Team (housekeeping) and Activities Team of the Year.''

We saw examples of where people were being treated with respect and dignity and people confirmed that this was the case. One relative said ''Yes my mother is treated with respect and dignity.'' Care staff were able to describe ways in which they worked to ensure people's privacy and dignity were maintained. For example always knocking on people's bedroom doors, covering people up when providing personal care and always asking people if they needed assistance with personal care in a discrete way.

There were many compliment cards showing the caring values of staff were appreciated, particularly for end

of life care. Examples included ''I just wanted to say how kind and sensitive everyone has been at this very difficult time and how much I appreciated all the loving care you gave to mum.'' Another said ''Right up until the end she was treated with kindness, respect and dignity, yes and even love by all the staff. There is a culture in the home of kindness and respect for all the residents which comes from the top down, and also a cheerfulness in the staff as they go about doing a very difficult and stressful job.''

The registered manager strived to promote continuous improvement. The PIR detailed that ''Kenwith Castle is this year joining the Six Steps Programme in conjunction with North Devon Hospice; this is an end of life education and accreditation programme. Feedback from families and visiting professionals with regard to end of life care has always been very positive. Residents that express a wish for the home to be their preferred place to die, are supported by the staff to achieve this, pain free with dignity and respect. We work closely with families to support them too at this time, offering accommodation should family wish to remain with their loved one.''

Good

Is the service responsive?

Our findings

People, relatives and professionals gave us positive feedback about how the service was responsive to people's needs. For example one person told us how they liked to keep to their own routine and did not like any intrusion, which they said staff respected. One relative said ''They have been very responsive to my relative's needs. The staff are on the ball.'' A healthcare professional said they felt staff were knowledgeable about people's needs and were responsive to any changes in needs, seeking advice and support when needed on particular healthcare issues.

The service was responsive to people's needs because people's care and support was well planned and delivered in a way the person wished. This was achieved by ensuring people's needs had been assessed prior to them coming to the service. The registered manager explained that wherever possible they visited the person and their caregivers prior to agreeing an admission. They discussed all aspects of people's care, their preferred routines and their personal preferences in respect of how they wished to be supported. This information was then used to develop a detailed care plan for staff to follow. The PIR stated "Kenwith Castle uses a commissioned Care Planning System - this is a person centred planning system that offers a comprehensive package of planning tools and risk assessment for the individual. Kenwith Castle responds to the changing needs of the resident through review of the care plan this is dynamic document that is reviewed regularly but can also be update daily if the residents condition changes rapidly." Staff confirmed care plans were dynamic documents they used on a daily basis to ensure consistent care was being delivered to people.

Staff knew each person as an individual, their preferences and interests. This was evident in the discussions we heard staff having with people and in their discussions with us about how they cared for people. For example, staff knew who mattered to people and spoke about their family and friends. They also shared aspects of their lives with people. One staff member was talking to people about having a baby and asking questions about what people remembered from their experiences. Another person enjoyed crafts and in particular making pompoms. They had been asked to make some special pompoms for Christmas decorations. One person said she was keen to ''give something back'' and had been encouraged by staff to raise money for charity.

The service offered a variety of activities including group and individual sessions to suit people's needs and wishes. They also shared a minibus with their sister home so they were able to offer regular outings to shops and places of local interest. They employed two activity coordinators who work across the week to plan and provide activities and outings for people. One activity coordinator spoke at length about the types of activities they planned and the resources used. This was supported by the PIR which stated "Care South has recently invested in the Oomph Programme; this is a comprehensive activity and interaction package that specifically focuses on wellness and wellbeing. It is a programme of activities and exercise that simulate and engage residents of all abilities. It offers themed sessions to aid reminiscence, and evoke memories, through quizzes, music, exercise, a magazine and a record keeping system. The records are easy to use and they can be used for long interactions or even for butterfly moments. We have also just purchased two Magic Boxes, these are boxes that contain activities that are meaningful and can be dipped into." We saw staff using one

of these boxes to help divert someone becoming distressed. They lifted out a number of items to help them reminisce. This helped the person to calm down and interact with a staff member.

We saw a large wall planner that depicted the events for the coming week in both picture and word form. We were informed a longer term planner was available in reception so that families and friends could advance plan to join in events if they wished. The registered manager explained the home held a four monthly 'Family Forum' so that family members could be involved in event planning and be made aware of developments in the home, including refurbishment plans and new initiatives such as 'Oomph.'

People's diverse needs were considered and planned for. Local clergy were welcomed to the home to provide spiritual support to people as they wished. The PIR said that if people needed support to attend external places of worship this would be accommodated. The minibus was used to assist people to go to the local shops and facilities and active links were made with local groups such as local school children and choirs. The service also had paid entertainers on a regular basis. One staff member said ''People really seem to come to life when there is live music on. We have different entertainers to come in and music afternoons are really popular. Some people sing along.''

Each person was encouraged to personalise their room with things that were meaningful for them. For example, with photographs of family members, treasured pictures, favourite ornaments and items of furniture. Some people also had pictures on their doors to help them remember which room was theirs. The registered manager said they were looking into having memory boxes for outside each bedroom, which people could display items which were important and had meaning for them.

People's views were sought and their suggestions implemented in a variety of ways. There were suggestion boxes in reception for staff and people visiting as well as for people living at the service. All suggestions were posted with the registered managers response about whether the suggestion would be implemented and if not the reason why. There were also annual surveys completed by an external agency with results published for people to review.

The activities Co-ordinator held a regular discussion group with people to discuss the home and any concerns or thoughts they may have, she then invited the relevant person to meet with them next time. This had led to a session which became 'Cuppa with A Copper', who came to chat about keeping safe. Some people had requested to speak with a fire officer, which they were trying to organise.

People's complaints and concerns were acted upon. People and relatives said they were confident in the registered manager's ability to resolve any concerns they may have. Since the last inspection, there have been two complaints which have been investigated and actions taken. The service had used complaints and suggestions to enhance the quality of care provided. For example one complaint about lack for drinks and snacks was unfounded but as a result of this complaint, the service decided to have snack baskets of wrapped snacks available at all times in communal areas.

Outstanding ☆

Is the service well-led?

Our findings

People, relatives and professionals gave us consistently positive feedback about the quality of care provided and the management approach. People said ''I am happy here, the care is good and they all do their best.'' One relative said ''This is the best home in the area, the manager, staff and whole building is second to none.'' One healthcare professional said ''The standard of care appears very good. I have been impressed with the level of engagement and commitment to improving by the manager and staff.''

The leadership team were forward thinking and inclusive. They worked proactively with other organisations to ensure that they were following best practice. They had worked with the local care homes team to host an event to promote dementia care awareness. This included the use of a dementia tour bus where staff were able to gain a view of what it may be like to experience dementia and how this affected the senses. This was open to their own staff and up to 70 other healthcare and care workers in the North Devon area. They had also hosted a revalidation workshop for their and other local nurses to learn more and prepare for revalidation. There were also working with the hospice team to ensure their end of life care followed best practice.

The management team had a track record of being an effective role model that actively sought and acted on the views of others through creative and innovative methods. For example through the use of suggestion boxes, regular forums and informal meetings with people, ideas for improvement were gathered and actioned. People had asked for more outings and more entertainment, which had been planned for. They had invested in a system (Oomph- which stands for our organisation makes people happy) for ensuring activities were more tailored to meeting people's needs and this included more materials, including 'magic boxes' with a variety of materials to help stimulate people and discussions. We saw there was a positive impact for people. The use of the magic boxes and themed sessions had helped people to be more engaged and stimulated.

Excellent communication was key to ensuring the service was well run and continued to improve. There were weekly 'heads of' department meetings. The PIR described these as "All departments are represented, Catering, Housekeeping, Activities, Nursing Floor, Residential Floor, Maintenance Management and Reception- the manager opens the meeting and every representative can speak for their department and it is openly encouraged that they do. We discuss pending admissions, incidents from which we can learn, events within the home that may affect other parts of the service such as planned maintenance. minutes are taken at the meeting and distributed so that they are accessible to every member of staff."

There were also other larger regular staff meetings where issues were discussed, but also good news and good care was discussed and celebrated. It was clear the service and provider valued the staff. They promoted best practice through training support and rewarding where staff values had been clearly shown. Care South and the service have and actively promoted the core values which are represented in the acronym HEART. (Honesty, Excellence, Approach, Respect and Teamwork.) There was an annual Star Award Ceremony at which the achievements of staff were celebrated, and awards were given to those that had

been nominated for living the values. Kenwith Castle had previously won in Carer of the Year Award and also in Support Team of the Year Reception Team. This year they were finalists in Support Team (housekeeping) and Activities Team of the Year. Kenwith Castle is one of 19 homes the provider has. This showed that the provider recognised their practice and celebrated the achievements of its staff and that Kenwith had done well to have won the awards.

Staff confirmed they felt really valued and appreciated for their work. One staff member said ''This place is very caring towards staff, the matron (registered manager) really listens and helps you, even if you have a personal problem.'' Another staff member said it was the 'small things' which made them feel valued. For example the fact they were given a buddy to talk to when they were a new member of staff. Staff said the registered manager and her deputy had an open door policy and believed their views and suggestions were listened to and actioned. One staff member talked to us about the use of the balcony and making this more user friendly, using planters and AstroTurf. We encouraged them to feed this back to the registered manager and their suggestions were put into action.

There was a strong commitment to continuous improvement, both through investment in staff learning and support. Every staff member we spoke with said there was a huge drive to provide the right training and support to them. They had opportunities to develop specialist areas such as end of life care and all were encouraged to obtain diplomas in care. Staff confirmed that supervisions were constructive and helped them to develop and learn. One staff member said ''They (management team) are really interested in you and want you to learn. Supervision and support is really good here.''

Comprehensive audits were used to drive up improvement and enhance the lives of people using the service. The management team worked together to establish a vision for 'excellence in delivery of the best personal care in the home, with an aim to promote an open and learning culture within which accountability for safety and quality is shared by all.' Within the home internal audits were undertaken of medicine administration, infection control, hand-washing and care planning and remedial action was taken were necessary. The provider's Quality and Compliance Team conducted three day in-depth audits of the home four times a year, and from these improvement action plans were derived and these were monitored on the monthly Operations Managers Visits. For example a recent audit showed some improvements were needed in how staff recorded and ordered to ensure people's food preferences were taken into account. An action plan had been agreed to make improvements to records and how often staff review these.

The registered manager has been in post for 12 years. She had forged strong links with the local community in an endeavour to ensure Kenwith Castle was seen as part of the local community. This included links with local schools and the police. For example having the local police offer visit for cuppa with a copper session. They were also inviting the local fire officer to visit at the request of people living at the service. People benefited from having links with groups in the local community. One relative said their model boat club met in the grounds and sailed their model boats on the lake. They said people enjoyed watching the boats and on a good day some people were assisted to walk around the lake to see the boats in action.

When people living in the home died, the service offered their bar area and small lounge for funeral teas if families required this. It was clear families really appreciated this as there were many thank-you cards showing their appreciation. It also meant that people from within the service could celebrate the life of friends that had departed.