Koinonia Christian Care

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 30 June 2015 and 1 July 2016 and was unannounced.

Koinonia Christian Care is a care home without nursing that is registered to provide care and accommodation for 39 older adults. The home has a Christian ethos and people choose to live at Koinonia Christian Care for that reason. At the time of our visit there were 38 people living at the home. Some of the people in residence were living with dementia. The building consisted of five large Victorian terraced houses combined into one building. One of the houses was specifically designated for people living with dementia.

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

We had previously carried out an inspection of Koinonia on 30 September and & 2 October 2015. At this inspection we found that the provider had met previous breaches of regulation and had met the warning notices issued, however we found additional breaches of regulations. At this most recent inspection we found that the provider had met these breaches of regulation.

Improvements had been made in recording information and ensuring that audits of practice had clear actions recorded and dates for completing these actions. We could see when actions had been completed and what was outstanding. Systems were in place to audit records so that if there were gaps these were identified and records were completed. The provider had a new electronic database for recording all information relating to people's care which the registered manager told us had supported them and the team to organise and keep people's records up to date. Risk assessments had been completed accurately to reflect risks that were current for people and therefore the appropriate actions needed to minimise these.

Improvements had been made in seeking and recording consent in line with the Mental Capacity Act (MCA). At this inspection we found that staff had received training in MCA and were knowledgeable about the principles of the legislation. People's consent was being sought and where people had a lasting power of attorney in place a copy of this was in people's care records. However some assessments regarding people who lacked capacity to make decisions in certain areas were still being completed so this remained an area of practice that needed to be sustained and embedded. We have therefore identified that this remains an area that needs improvement.

Staff were appropriately trained holding a Diploma in Health and Social Care and had received all essential training. Training was taking place on the day of our inspection. Staff told us they felt supported to carry out their roles and received and attended staff meetings. A new management structure was in place for carrying out regular and consistent supervision and this remained an area that needs improvement.

People were cared for by kind and compassionate staff. People told us how well the staff knew them. One person said "Staff are very kind and caring, willing to do anything to meet your every wish, desire or need, we really are spoilt". People also told us they were treated with respect and dignity. One person said "I've never had to worry about my privacy or dignity the staff are very good".

People could choose what they wanted to eat from a daily menu or request an alternative if wanted. People were asked for their views about the food and were involved in planning the menu. They were encouraged and supported to eat and drink enough to maintain a balanced diet. One person said "The food's pretty good, I don't have any complaints, and you've always got a choice. You can have extra drinks or anything outside of meal times."

Care plans provided detailed information about people and were personalised to reflect how they wanted to be cared for. Daily records showed how people had been cared for and what assistance had been given with their personal care. There was a range of social activities on offer at the home, which people could participate in if they chose. There was a complaints policy in place and a procedure that ensured people's complaints were acknowledged and investigated promptly. People and relatives were confident that if they had any concerns these would be responded to. One person said "It's acted on If I say anything is wrong".

The home was well-led by the registered manager and supported by a management team and the trustees. A positive culture was promoted which was centred on the religious ethos of the home. There was a range of audit tools and processes in place to monitor the care that was delivered, ensuring a high quality of care. These included regular reviews of care. People could be involved in developing the home if they wished through questionnaires and residents meetings.

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 home was safe.

People were supported by staff that recognised the potential signs of abuse and knew what action to take. They had received safeguarding adults at risk training.

People's risks were assessed and managed appropriately. There were comprehensive risk assessments in place and staff knew how to support people. Accidents and incidents were logged and dealt with appropriately.

Staffing levels were sufficient and safe recruitment practices were followed. Medicines were managed, stored and administered safely.

Is the service effective?

Requires Improvement

The home was not consistently effective.

People's consent to their care and treatment was assessed. Staff followed legislative requirements and had a good understanding of the Mental Capacity Act 2005 (MCA). However decision specific capacity assessments were still being completed and this remained an area that needs improvement

Embedding consistent and regular supervision is an area of practice that needs improvement. Staff had access to a wide range of training and new staff completed a comprehensive induction programme.

People could choose what they wanted to eat and had sufficient amounts to maintain a balanced diet. They were asked for their views about the food. People had access to, and visits from, a range of healthcare professionals.

Is the service caring?

Good

The home was caring.

Staff knew people well and friendly, caring relationships had been developed.

People were encouraged to express their views and how they were feeling and were involved in the planning of their care. People were treated with dignity and respect.

Is the service responsive?

Good

The home was responsive.

There was a range of activities available for people to engage in at the home.

Care plans provided detailed information about people so that staff knew how to care for them in a personalised way. Staff demonstrated that they followed current good practice.

Complaints and concerns were listened to, investigated and acted upon.

Is the service well-led?

Good

The home was well-led.

People were asked for their views about the home. Relatives were also asked for their feedback.

The registered manager had created a transparent open culture that placed the person at the centre of their care.

Quality assurance systems were in place to enable the provider to continually monitor all aspects of the home.

Koinonia Christian Care

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 comprehensive inspection took place on 30 June and 1 July 2016 and was unannounced. The previous inspection on the 30 September and 1 September 2015 had identified breaches of regulations. The provider sent us an action plan that explained the measures that they were taking to ensure they met the regulations. We undertook this inspection to check that improvements to meet legal requirements planned by the provider after our inspection on 30th September and 1 July had been made.

On 30 June 2016 three inspectors visited the home. On the 1 July 2016 one inspector visited.

We looked at the previous inspection reports and the action plan that had been submitted. This ensured we were addressing potential areas of concern as part of the comprehensive inspection.
Before the inspection we reviewed the information we held about the home including previous inspection reports and any concerns raised about the service. We also looked at notifications sent in to us by the registered manager, which gave us information about how incidents and accidents were managed.

On this occasion we did not ask the provider to complete 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 improvements they plan to make.

We observed care and spoke with people, their relatives and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at 10 care records, five staff records, medication administration records (MAR), monitoring records such as of food and fluid, accident and incident records, minutes of meetings, audits of care practice and staff training and supervision records.

During our inspection, we spoke with 12 people living at the home, two relatives, the registered manager,

deputy manager, two trustees, the chef and four care staff. We also spoke with a trainer who was providing training on the day of our inspection. We also spoke with a community matron, a social worker, a representative from West Sussex County Council contract and commissioning unit who had involvement with the service to ask for their views.

Good

Is the service safe?

Our findings

People felt safe living at the home and receiving the care and support provided. They told us they felt safe as they knew support was always there when needed and that they trusted the skills of the staff. One person said "It is safe, I am prone to falling over, I have only been here 3-4 weeks but I know that if it happened here there would be someone to help me immediately". Another person said "There is always someone around, you don't feel in danger". A third person said "It's safe, absolutely, yes, the general atmosphere, friendliness, helpfulness of carers, there is always someone around to speak to if you're feeling worried and they do their best to sort it out".

At our last inspection we found that the completion of risk assessments for skin care and pressure sores were not being accurately calculated and did not match the care that was being provided. The appropriate care was being given but the records were incorrect. At this inspection the registered manager showed us the new electronic system with the risk assessments for sores and we saw that these new assessments had been completed accurately and care plans reflected the care and support needed. With the introduction of the new system risk assessments had been recorded in more detail and covered different areas of people's care needs including falls, moving and handling and nutrition. These records provided the detail needed to design the care and support that needed to be provided.

Staff told us they knew how to identify possible signs of abuse and that they needed to discuss any incidents with a senior member of staff. One staff member said "I would talk to a senior, or manager or a trustee". The registered manager knew who to contact in the event of identifying a safeguarding concern and had access to the local authority's multiagency policy and procedure. On the day of our inspection the deputy manager was due to attend a briefing about becoming a safeguarding champion and to work in close partnership with the local authority around safeguarding procedures and developments. Staff had received recent training in safeguarding adults and there was clear flowchart in place that directed staff what to do in the event of identifying any concerns. Staff also knew about the principles of whistleblowing and who to contact should they need to report concerns about the home to an external organisation.
People told us that their medicines were managed safely. One person said "That is very well taken care of, they always bring them, and they even ask in between times and ask if I need paracetamol if I'm in pain". Medication Administration Records (MAR) were in place and showed that records of medicines prescribed and administered for each person were completed accurately. All medicines were delivered and disposed of by an external provider. We noted the management of this was safe and effective, in line with the provider's policy. Medicines were labelled with directions for use and contained both the expiry date and the date of opening. Creams, dressings and lotions were labelled with the name of the person who used them, signed for when administered and safely stored in a locked treatment room. Other medications were safely stored in locked trollies. Medicines requiring refrigeration were stored in a lockable fridge which was not used for any other purpose. The temperature of the fridge was monitored regularly to ensure the safety of medicines. We noted that medication given on an 'as needed' basis was managed in a safe and effective way and staff understood the purpose of the drugs they were administering. Audits of safe practice in managing medicines were in place and carried out regularly. Where actions had been identified these had been carried out.

People told us that most of the time there were enough staff on duty and they told us that their call bells were responded to in a timely was. One person said "There do seem to be enough staff, there is a call bell in my bathroom and bedroom and I can call staff if I need them. I use it quite a bit and staff seem to come quite quickly." Another person said "There are so many staff about, there is always someone available. There is a bell to ring if you're in any kind of trouble". Two people commented that there had been a shortage of staff recently due to it being the holiday period. This had not had any direct impact on their safety but they had noticed that staff had been a bit more rushed recently. When we discussed this with the manager they confirmed that they were using agency staff while they continued to recruit more permanent members of staff. We saw that the registered manager and deputy manager were in the process of doing this and trying different methods to provide incentives in recruiting permanent staff.

Appropriate checks were undertaken before staff began work. We examined staff files containing recruitment information for four staff members. We noted criminal records checks had been undertaken with the Disclosure and Barring Service (DBS) in all cases. This meant the provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with vulnerable people. There were also copies of other relevant documentation, including job descriptions and character references.

Requires Improvement

Is the service effective?

Our findings

At the last inspection in September 2015 we found that the provider was in breach of regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because people's consent was not being sought and recorded in line with the Mental Capacity Act (MCA). At this inspection we found the provider had followed their action plan and that this breach had been addressed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People told us when asked that their consent was sought. One person said "Yes they always ask my consent." Another person said "Yes they do, I have to be helped to wash in the mornings and they always ask me and ask what I want done". At the last inspection the registered manager and staff had not received specific training in MCA. At this inspection we saw that staff and the registered manager had received training and were aware of their duties as described in the legislation. Staff told us about the principles of the MCA and the need to gain people's consent when they provided care and support. Staff gave us clear examples of the application of MCA as it related to different people in the home. They were aware of the need to presume capacity unless otherwise indicated and they were also aware of the need to consider best interests decisions should someone lack the capacity to do so. The deputy manager was designing small laminated cards for staff to carry reminding them of the five principles of MCA. Some detailed assessments of capacity had been completed and there were clear pro-formas in place that prompted staff to record the necessary information regarding capacity and recorded the best interest decisions. Some of these assessments were still in the process of being recorded and the registered manger and deputy manager acknowledged that this was an ongoing area that was being worked on. We have therefore identified that this was an area that needed further improvement to embed and sustain good practice in this area.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager showed us that referrals for DoLS had been made to the local authority and details of the restrictions in place for people lacking capacity were detailed.

People told us that staff were well trained and had the right set of skills to support people. One person said "Staff are trained and cope well." Another person said "On a scale of 1-5, I'd rate them a 5. I feel that they're skilled, they are doing their NVQ training." A third person said "Every day it seems like they're being trained, they're having training now." Relatives also told us that they thought staff were well trained and had the skills required to support their family members. Staff we spoke with told us that they had enough training to carry out their roles. On the day of our inspection a training session was taking place regarding safeguarding adults. We spoke with the trainer who told us that the staff team at Koinonia were motivated to learn, they told us "Staff have a motivation and willingness to learn, they take whatever it is on board and participate in discussions". On both days of our inspection there was an assessor present for people taking additional

diplomas in health and social care and the registered manager and deputy manager were also taking an advanced diploma in management skills. Records confirmed that staff training was current and up to date. The registered manager had a new system in place for identifying when training was out of date and needed to be updated.

Staff had received training in dementia from the community dementia matron and they told us that these sessions had been well attended. Further training was being provided by the dementia In reach team in October 2016. Staff demonstrated that they had used the knowledge gained from this training in increasing their understanding of people living with dementia. One staff member told us about what they had learnt and the methods they would use to support someone living with dementia. "Training in dementia has helped me to know how to support someone when agitated or unsettled for example distract them, remove them from a noisy environment, give them one to one attention and do an activity they enjoy or just have a cup of tea with them".

Staff told us that they felt supported in their roles and that they received supervision and an appraisal. Staff told us that they had staff meetings and that these were a supportive forum for discussing their roles and the needs of the people living at the home. When we looked at supervision records we saw that not all these were up to date and consistent across the staff team. The registered manager showed us the new structure they were putting in place as part of the introduction of the new management system and we saw that each manager had a list of supervisees and future dates for supervision which showed us a clear structure for achieving regularity and consistency, we identified this as an area that needs to be embedded and so is an area of practice that needs improvement.

People told us that they liked the food, they had choices and there was a plentiful supply. One person said "The food is very good, there is enough to eat and drink". Another person said "The food's pretty good, I don't have any complaints, you've always got a choice. You can have extra drinks or anything outside of meal times." A third person said "They come round twice a day to ask you what you'd like to eat. The food is very good and it means I don't have to think about food or what to have." Relatives told us that they thought the food was good. Relatives we spoke with told us that the food was good. One relative told us of their family member "[The person] has put on weight and is eating well". When we spoke with the chef they told us about how they asked people what they wanted and offered choices. They were aware of people's individual preferences and dietary needs. People had access to food and drink all the time. There were two dining areas and we observed the lunchtime experience in both areas. We observed that people were offered choices and that in the dining areas for people living with dementia people were gently encouraged to eat and drink. We observed a staff member patiently encouraging someone to sit at the table and have their lunch. They said to the person "You're going to like todays lunch, it's sausages, I'll wait for you at the table". Staff demonstrated that they knew peoples preferences around choices of food and quantities. There were plentiful offers of drinks throughout the days of our inspection. Where a need was identified people's food and fluids were recorded and people's weights were recorded monthly to monitor any weight loss or gain. Where people's food needed to be fortified this was identified and where nutritional supplements were needed these were provided.

People told us that they were supported with their health needs and that if they needed support from a healthcare professional staff supported them to do this. One person said "I'm taken to the surgery by staff or the doctor will come and see me here if I'm unwell". Another person said "If you feel unwell you get to see the lady doctor". People's healthcare needs were identified and the appropriate referrals made. For example where someone had needed a raised toilet seat and a safety rail an occupational therapy assessment had taken place. GPs and community nurses were regularly involved in people's care and their visits were recorded in peoples' care records.

Good

Is the service caring?

Our findings

People and relatives told us that staff were kind and caring. One person said "They're perfect, very nice, they're cheerful, they're caring and very warm-hearted". Another person said "They're very caring, they even give you a cuddle if you need one". A third person said "Staff are very kind and caring, willing to do anything to meet your every wish, desire or need, we really are spoilt". Relatives told us that staff were kind and caring. One relative said "I am impressed with the kindness and quality of care, I am reassured [my relative's] in the best place they can be". Another relative said "Staff are very caring and supportive". We observed that people and staff were relaxed and at ease with each other. On relative told us about how they had been supported by the registered manager and staff and that the emotional impact of supporting their family member had been acknowledged. They told us "Concern for me is part of the care which is over and above the call of duty". We observed staff's interactions to be gentle and supportive. We observed staff patiently supporting people as they assisted them to walk around the building. For example when someone said "Oh I'm so slow", the staff member responded by saying "Don't worry, you take your time, there's no hurry".

We observed a staff member noticing that someone looked uncomfortable. The member of staff asked the person if they were feeling okay and the person explained that they were experiencing pain in their back. The member of staff asked if they were comfy and offered a cushion and a pain relief. The staff member sat and held the person's hand and they were offered pain relief. When people living with dementia became confused or disorientated staff supported them in a calm manner gently re-orientating them to time and place.

People told us that they were treated with dignity and respect. One person said "They respect my privacy and dignity, when I am sitting in my chair I usually have a longer skirt on, but today it is slightly shorted so they've offered me a knee blanket to maintain my dignity". Another person said "Staff very much maintain your privacy and dignity. Even when I'm having a patch put on my back, they take me to the bathroom". A third person said "I've never had to worry about my privacy or dignity the staff are very good". Staff told us about the ways they treated people with dignity and respect such as ensuring doors were shut and people were covered when person al care was provided. One staff member said "When I provide care I preserve people's dignity by using towels to cover the person and I shut doors. If someone knocks on the door I say we're busy so they don't come in". Another staff member said of their approach when supporting a person "If I'm in that room with that person I'm focussed on them. I don't rush them, I give them gentle encouragement, if someone says 'No' I advise why it's important to have personal care but I will try again later".

We observed that people received care and support that was dignified and respectful. We also saw staff encouraging people to be as independent as possible. People told us that they were supported to be independent. One person said "I'm able to be as independent as I like, I do my own medicines, you can go out, I have a mobility buggy and I can go out when I like, I just need to ask the staff to open the garage for me". Another person said "I am still able to be independent, I'd like to be able to do more, but I know my limitations, they still encourage me to do as much as I can for myself". Staff told us it was important to involve people in their care. On staff member said "Talk to residents all the time about what they like and

what they don't like and what they want to do". People were involved in their care and support. People's care records clearly reflected people's individual choices and preferences. We observed staff giving people choices for example about what they wanted to do, what they wanted to eat and drink throughout the day. People participated in residents meetings which took place approximately every three months. We saw from the minutes of these meetings that included subjects such as new staff, activities, keyworkers and the new computerised care record system.

People were supported to receive care at the end of their lives and care records had details of people's wishes for this. There was no one receiving end of life care on the days of our inspection but when needed community nurses were involved to support the home to provide care at the end stage of a person's life.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People and relatives told us that staff knew them well and responded to their individual needs. One person said "We're definitely treated as individuals". At the last inspection we identified that there were some gaps in people's care records and found this to be an area that needed improvement. At this inspection we found that the detail in care records had improved. The provider had implemented a new computerised system for recording people's care needs. This system covered all areas of people's care and welfare. Over the last few months' people's information had been inputted onto this new system. The registered manager, deputy manager and staff all told us that this system was efficient and effective for recording information. Information we saw recorded represented people's needs and their individual preferences. It was clear to see what people's current care and support needs were.

For example we could see for one person that there was a detailed care plan around falls and the equipment and support needed to make this as safe as possible for the person. People had communication plans that detailed whether people had glasses or hearing aids and their style of communication. For someone who was hearing impaired their preference for staff to stand in front of them so that they could see staff's face and lips was recorded. If people liked to chat this was recorded and equally if people preferred quiet this was recorded. Peoples likes, dislikes, family and employment history were recorded so that staff knew the social details of people's lives which supported staff to interact with people, particularly those living with dementia. For example for one person who was living with dementia and had a reduced appetite it was recorded that they liked to eat chocolate. On the day of our inspection the registered manager observed this person to be in pain and collected the person's bar of chocolate and took it to them and said "This is the Best medicine, would you like some of this after your medicine?" The person appeared to like this and responded with a smile. Daily recordings were in place that gave a clear chronology of the care and support provided.

Regular reviews of people's care and support took place and people told us that they were involved in these. One person said . "I had a meeting with the manager and my children and we talked about what I wanted?". On the day of our inspection the registered manager was carrying out a review of one person's care and support along with the person's family.

People told us there were enough activities on offer for them to attend. One person said "We have organised activities which is very nice, they do some exercises one afternoon, but I don't join in with that. I tend to do my knitting, I don't get bored". Another person said "We have a variety of things, you can please yourself. We go on trips out, which is nice". A third person said "They're very good at that sort of thing, there are trips on coaches. We recently went to a very interesting one, Bentley Motor Museum, we've also been to garden centres. We have exercise sessions and singing, if someone wants to do something specific we can do it". We saw that there was a program of activities that included an exercise class provided by an external company. A session was taking place on the day of our inspection and people were joining in and visibly enjoying themselves. There were talks, music recitals and singing. There were monthly outings that people had chosen at residents meetings.

The registered manager told us that the recruitment of an activities co-ordinator to further develop activities for people was part of the homes development plan. There were volunteers who ran the daily coffee mornings alongside staff. People chose to live at Koinonia because the ethos of the home reflected their particular Christian beliefs. The rhythm of the day included saying grace before lunch and an evening service called Epilogue. People commented that this was an important part of their experience of living at the home. One person told us "They have an epilogue every evening which I play the piano at".

People and relatives told us that they were aware of who to speak to if they had a concern or a complaint and that this would be responded to and sorted out. One person told us "We've just had a residents meeting with the owners, they told us about how to raise any concerns". Another person said "It's acted on If I say anything is wrong". A third person said "If there was anything wrong we could go to the manager. There is a deputy manager who has been particularly helpful, he comes and sees us now and again". A relative said "[The registered manager] and seniors are quick to respond to any requests". Another relative told us "The manager once a week has tea with my relative and listens to how she is". There hadn't been any formal complaints for us to see any responses to. The complaints policy was available to people and discussed at residents meetings.

Good

Is the service well-led?

Our findings

At the last inspection in September 2015 we found that the provider was in breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because records relating to the audit of practice had gaps in them and we could not determine whether any of the actions had been completed and what the timescales had been for example whether any action had been taken after an accident in the home. There were also gaps in the recording in care records that meant we could not determine if people were receiving the care and support they needed. At this inspection we found the provider had followed their action plan and that this breach had been addressed.

Since the last inspection the provider had employed a consultant to assist with designing quality assurance systems and guided the registered manger on how to implement improvements.
Audits in areas such as medicines, care plans, health and safety and infection control had been completed regularly with clear actions identified and then the date of completion recorded. For example as a result of an infection control audit the need for hand washing signs had been identified and these had been distributed and the date this was done and the leaflet used was on file. The audit that a member of the trustees carried out monthly had been redesigned and where actions had been identified these were confirmed as being completed at the following months audit. This showed us that there was clearer management oversight from the board of trustees and that where actions were identified these were followed up. Audits of care plans picked up gaps in recording and the registered manger was clear about ongoing actions required. Our checks of records showed that these were being completed thoroughly. The new electronic system that had been introduced had streamlined this process. A new internet system had been installed and people were able to have wi-fi in their rooms and some people used tablets in their rooms. The provider had also contracted an external company to manage their human resource issues.

A new management team was in place that consisted of the registered manager, a newly appointed deputy manager and a senior team leader. The registered manager told us that with a clear management structure in place it had assisted in making improvements at the home and in devising a clear plan for the future development of the home. The team met every Monday morning to discuss the management priorities for the week and we could see the new structures in place around the training and supervision of staff. The registered manager and two of the trustees told us about all the improvements that had taken place and about the new structures that had led to a more robust approach to assuring the quality of the service provided at the home. The home had also started to make stronger links with partnership agencies such as the local authority and the dementia in reach team which enabled them to access training and professional support.

People and relatives told us that they thought the home was well managed and well led. One person said "I think the management is fantastic, I don't know how they do it, they're very good, they're very responsible and very caring". Another person said "The management seems to be very good. I see [the registered manager] about and if I need to speak to them I know where they are. They came to see me and my daughter and they're trying to sort out a TV for my room". A relative said "the home is well managed and well run". Another relative said of the home "There is an atmosphere of calm and they have made my [relative]

feel very welcome. Staff are lovely and I have a great deal of respect for [the registered manager], they have given me confidence". This relative talked highly of the increase in confidence their relative had experiences since moving to Koinonia.
The ethos of the home was focused around its commitment to Christianity and supporting people with their spiritual faith and beliefs. We observed that this was very much at the heart of the culture of the home and what people identified as important to them. Staff were complimentary about the registered manager and the new management structure that was in place. One staff member said of the registered manager "[The registered manager] is very good and go the extra mile all the time for all the staff". Another staff member said "The staff are well supported and the home is well led". A third staff member said "the management is a lot better. There is a lot more support and training and the equipment we need is provided and carers are more supported now". The registered manager was committed to sustaining and continuing to improve practice at the home. We observed that they were fully engaged with this process and had created an open, transparent culture at the home. They told us "People can come and find me whenever they need me". People, relatives and staff told us that this was the case and we observed this on the days of our inspection.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). Senior staff had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. Policies and procedures were in place for staff to follow, and current guidance had been used to regularly update policies and procedures.