

Colville Care Limited

Kite Hill Care Home

Inspection report

Kite Hill
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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

About the service

Kite Hill Care Home is a care home providing accommodation and personal care to older people. The service can support up to 30 people. At the time of the inspection the service was providing support to 25 people. Kite Hill Care Home is a large building that has been adapted to suit the needs of people living there. It has a large communal lounge and dining room, a quiet lounge and an accessible garden with two levels, linked by an outside lift. Accommodation is based over three floors and there is a passenger lift in between floors for people with mobility needs.

People's experience of using this service and what we found

People and their relatives we spoke with, all gave us positive feedback about the home and told us that staff were kind and caring. The environment was warm and homely, and we observed staff speaking to people with kindness and respect.

The home had a consistent staff team who understood the needs of people well. We saw staff upheld and promoted people's rights relating to equality and diversity, and safe recruitment procedures were followed.

Individual and environmental risks were managed appropriately. People had access to appropriate equipment where needed, which meant people were safe from harm. Staff understood their safeguarding responsibilities and knew how to keep people safe from harm.

People received their medicines safely. There were systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely. However, we found communication systems used to follow up on medicines ordered, were not always robust. Immediate action was taken by the management team to improve the systems used by the end of the inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role.

Activities had been developed in line with people's wishes and specific needs. Dedicated staff were employed to provide activities, and these were varied and interesting to promote health and well-being.

People were treated with dignity, and their privacy was respected. People's care plans contained detailed information about them and their care and support needs, to help staff deliver personalised care. The management team reviewed the care and support provided to people to make sure it continued to meet their needs.

Staff used positive communication techniques with people so that they felt listened to and valued according to their individual needs.

The provider had systems and processes to monitor quality within the home. The manager understood their regulatory responsibilities and shared information with stakeholders in a timely way.

People, their relatives, staff and external professionals were all positive about the management of the service and told us the manager was very supportive and approachable.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 30 November 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Kite Hill Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by two inspectors on the first day and one inspector on the second day.

Service and service type

Kite Hill Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was not yet registered with the Care Quality Commission. However, they had applied to be registered and were waiting for the commission to complete our checks. We will refer to them as the manager throughout this report. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the provider, manager, compliance manager, senior care workers, care workers, domestic staff and the chef. We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed the information we had gathered during the inspection, including records relating to health and safety, fire safety and quality assurance. We spoke with two professionals who regularly visit the service and two relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection the provider had failed to ensure people received their medicines safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection and the provider was no longer in breach of this regulation.

- People received their medicines safely. There were systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely and in accordance with best practice guidance. However, on day one of the inspection, we found communication systems used to follow up on medicines that had been ordered, were not always robust. Nonetheless, we found no evidence of impact on people such as a delay in them receiving their medicines. We discussed the systems used with the provider and management team who had already identified some positive changes that were being implemented. They took immediate action to improve the systems used by the end of the inspection.
- Where people were prescribed medicines to be taken 'as and when required' (PRN), there was good detailed guidance in place for staff to follow.
- Senior staff administered medicines to people and they had received training and had competency checks, to ensure they were safe to do so. The manager told us staff had their competency checked three times before starting to administer medicines on their own, and had their competency re-checked yearly.
- The management team carried out regular audits to ensure all medicines had been administered correctly and action could be taken promptly if needed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I've no reason not to feel safe, the staff know what they are doing."
- There were appropriate policies and systems in place to protect people from the risk of abuse.
- Staff had received training in safeguarding adults and knew how to recognise abuse and protect people. All staff we spoke with demonstrated a good understanding of their safeguarding responsibilities. One staff member told us, "I would tell [manager's name] or [provider's name] and if I needed to would report to the local authority safeguarding team or CQC."
- There were processes in place for investigating any safeguarding incidents that had occurred, in liaison with the local safeguarding team.

Assessing risk, safety monitoring and management

- Risks to people had been assessed as part of the care planning process and included risk assessments for, moving and positioning, skin integrity, choking risks and behaviour support. These were recorded within an electronic care record for each person and identified how staff should support people and what equipment,

if any, was needed. Risks were reviewed regularly and updated when required.

- It was clear staff knew people well and were responsive to their individual needs. For example, we observed a staff member checking if a person was safe when walking. They went up to the person and asked if they were alright. The person said, "I've got the wobbles." The staff member provided gentle support by putting an arm around the person and guiding them into a chair, so they were safe, and they could be supported to move again, when ready to do so.
- Staff could recognise how people expressed if they were unsettled or unhappy about something. For example, they understood how people with identified behavioural or communication needs, should be supported to manage any associated risks. This meant that any risks around people's behaviours, were reduced and if they occurred, people were supported appropriately and safely.
- Environmental risks were assessed, monitored and reviewed regularly. Any equipment used was safe and well maintained.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.
- Fire safety risks had been assessed. Staff had received fire safety training and fire drills had taken place so that staff knew what to do in the event of a fire. Each person had a personal emergency evacuation plan (PEEP). These identified what assistance each person would need to safely leave the building, in the event of an emergency.
- Staff had a handover at the start of each shift, which informed them of any important information they needed to meet people's needs. For example, information in relation to people's health, any professional visits and if they had declined care. This meant that staff were fully up to date with essential information.

Staffing and recruitment

- Systems were in place to make sure that the right staff were employed to support people to stay safe. The provider and manager told us that each person was individually assessed to determine the level of staff support they required. This ensured people's needs were met.
- There were enough staff available to meet people's needs safely. Staff confirmed they felt that they had enough time to meet people's needs. One said, "Yes there is enough staff, sometimes we can get busy but it's a good team." Another said, "Yes, there is enough staff, we work well together and are not rushed." A person told us, "I never feel lonely or worried as staff always pop in [to room]."
- Recruitment checks had been completed to ensure that new staff employed were suitable to work at the service. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Preventing and controlling infection

- The environment was very clean and tidy. Dedicated housekeeping staff followed cleaning schedules which ensured the home maintained a high standard of cleanliness. The provider told us they were very proud of the cleaning staff and one staff member had recently won a 'local care homes' award for the standard of cleanliness they achieved in the home. An external professional commented to us, "The home is always remarkably clean and presentable."
- Staff had completed infection control and food hygiene training. This ensured people were protected from risks associated with the spread of infection and unsafe food hygiene practice. The home had a five-star food hygiene rating. This told us they were following hygiene standards.
- Staff told us they have access to personal protective equipment (PPE) and waste was disposed of correctly. We observed staff wearing PPE appropriately.

Learning lessons when things go wrong

- There was an open and honest culture to reporting accidents and incidents. We reviewed incident and accident records which demonstrated senior care staff made accurate records, shared concerns and sought timely advice from the management team.
- Records were stored on an electronic system that alerted the provider and management team, so that they were able to review all incidents and accidents that occurred. The manager told us they monitored any themes or patterns and took action to minimise future occurrences. For example, one person had been having regular falls. The manager had sought prompt support from external healthcare professionals, to carry out assessments and determine what the cause may be, so that reoccurrences could be reduced.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff were knowledgeable about how to protect people's human rights in line with the MCA. Staff told us they sought verbal consent from people before providing care and support. One staff member told us, "I will always respect when people say no, I check with them and explain again but if the person says no then I will inform senior staff and we make a record."
- Care plans included detailed information about people's capacity, any cognitive or communication impairments and any mental health needs they may have.
- Mental capacity assessments were completed when there was any question of a person's capacity to independently make important decisions.
- Where people could not make their own decisions, the best interest decision making process was used. However, records did not always demonstrate where best interest decisions had been made for people. For example, where people required full staff assistance to manage their medicines. We discussed this with the management team and provider and by the second day of the inspection, people records had been updated so that documentation was correctly completed.
- Where people were able to, consent forms had been signed and recorded in their care plans regarding the care and support they received.
- Applications for DoLS had been submitted to the appropriate authorities by the management team, as required. There were no conditions added to any DoLS that had been authorised.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Comprehensive assessments had been completed and electronic care plans clearly identified people's

needs and the choices they had made about the care and support they received.

- Care plans were detailed, expected outcomes were identified and their care and support regularly reviewed. For example, one person had recently moved into the service following a sudden significant health deterioration. Their care plan detailed how staff should support the person to adapt to the changes they were experiencing and support them to maintain their independence as much as possible.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and maintained their quality of life. For example, there was information in each person's care plan about their specific diagnosed conditions. This gave staff the signs to look out for and guidance on how they could best support the person and what action to take.
- The provider had an equality and diversity policy and staff understood how to ensure people's individual needs and wishes were met.

Staff support: induction, training, skills and experience

- Staff received an induction into their role, which included the provider's mandatory training. They worked alongside more experienced staff until they felt confident and were competent to work directly with people. One staff member said, "I had an induction and we [staff member and manager] agreed when I was ready to work alone, as I had previous experience."
- Staff received regular and appropriate training and were able to demonstrate they were knowledgeable and skilled. Training staff had completed included; mental capacity awareness; dementia awareness, end of life care, safeguarding, equality and diversity and infection control. Training was delivered through an online system which staff could access from home. Staff told us they thought the training they received was good and they were informed when they needed to refresh any required training. One staff member said, "The training system is really good, we can do it at home, but we get paid for our time, so it works well."
- Staff had regular supervision and an annual appraisal, which had enabled the manager to monitor and support them in their role and to identify any training opportunities.
- Staff told us they felt very supported in their roles by the management team and the provider. One said, "[Manager's name] door is always open, they [management team and provider] are all really supportive, if we have a problem we can ask."

Supporting people to eat and drink enough to maintain a balanced diet

- The nutritional needs of people were met. Nutritional needs had been assessed and arrangements were in place to meet people's dietary needs and preferences. For example, one person was a vegetarian and another person required a gluten free diet. They were provided with choices to meet their needs and were offered an alternative if they did not like the options originally offered.
- People and their relatives told us that the food was good. Comments included, "The food is very good, I'm vegetarian and they always do something for me", "Oh yes its [the food] good" and, "The food is very good, my [relative] can also have sandwiches or something else if they don't fancy a big meal. They also have their own food items that they buy, and this is kept in a fridge. Staff will get things for him on a Friday."
- We observed the meal time experience to be positive. Staff were available to give people support as needed, and food was provided in a timely way. If people required support to eat, this was done in a caring and dignified way.
- People were offered drinks and food throughout the day and were supported by staff who had received food hygiene training.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There was detailed information in people's care files to inform staff about their health and general wellbeing. Guidance was available to assist staff supporting people who had healthcare needs such as those

with diabetes.

- People had access to community healthcare professionals when required. The home was visited every week by a regular GP, which meant that any support or medical intervention could be put in place quickly.
- The manager told us they contacted external health and social care professionals when needed to support people to maintain good health. Records we viewed confirmed that visits from nurses, speech and language therapists and occupational therapists were documented. Advice given by health professionals was followed and communicated across the whole staff team.
- Systems were in place to share information with other agencies if people needed to access other services such as hospitals. For example, the service used the local area 'red bag scheme', which ensured all essential information about people's health and care needs were sent with a person to hospital.
- Relative's told us that they felt the staff supported people's health needs and promptly sought external medical intervention when needed. One relative said, "The staff do notice if he [relative] is not well and will call the doctor or 111 for advice straight away."

Adapting service, design, decoration to meet people's needs

- The environment was designed to support people to move around safely; it was spacious with a large lounge/dining room and a smaller quiet lounge where people could meet with their friends or relatives. The service was designed to be a relaxing, homely and comfortable space.
- People's bedrooms had en-suite bathrooms or a nearby accessible bathroom and were personalised to the individual. Should they wish to do so, people could have their own furniture and personal fixtures and fittings. There was a lift with access to all floors.
- The gardens had been developed to meet people's needs and recognise any cognitive impairment. For example, there was a large flat veranda with seating and there were large murals on the walls. The provider told us these were weather proof and changed with each season, to help improve the environment. In addition, there was an accessible garden lift so that people could access the lower more traditional garden where there were raised flower beds and flat pathways. During warmer months activities and refreshments were provided in the outside spaces, in line with people's wishes and choices.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us the staff were kind and caring and they looked after them well. One person said, "The staff are great, very nice, very caring." A relative said, "One of the staff members has been really good at supporting people if they are upset or distressed."
- Care plans identified people's preferences and protected characteristics, including religious beliefs and cultural needs. Information about people's life history was recorded, which staff used to build positive relationships.
- Staff had received training in ensuring equality and valuing diversity. They respected and supported people in meeting their diverse needs and were non-judgemental in their work. This was confirmed by people and their relatives. One relative told us they had been impressed with the values of the staff and management team. They said, "The manager reinforced to me that it was 'people's home' which I liked, I was also impressed by the owner [provider]."
- The home employed activities coordinators who had engaged with a national project called 'Postcards of Kindness.' This scheme meant that members of the public including children, sent postcards to the home to be read out. This enabled people to feel connected to the wider community, stimulated conversations, inspired memories and provided entertainment.
- Staff told us they enjoyed working at the home and supporting people to receive the care and support they needed. One staff member said, "I love it here, I really love it, it's such a good place to work."
- An external professional told us, "The staff are always very welcoming and attend to the needs of the residents [people] in a timely manner."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives where appropriate, were encouraged to express their views and be involved in making decisions about their care.
- Staff spoke to people in a way they could understand and showed patience when supporting people living with dementia. Where people had limited ability to verbally communicate, staff observed people's body language and general presentation to interpret what they needed.
- Staff gave us examples of how they used different forms of communication to help people understand information and make decisions. For example, one staff member described how they would take clothes out of a person's wardrobe to show them, so they could point to what they wanted to wear. Another staff member told us information about how each person could make choices, was recorded in their care plans. This meant staff could adapt how they supported people to be involved in decision making, based on their assessed needs.

- The provider organised resident meetings for people and their families. We saw there had been discussions about the menu choices and people's preferred foods and the activities they wanted to do. People we spoke with gave positive feedback on how everyone got on well.

Respecting and promoting people's privacy, dignity and independence

- Confidential information was respected. Care records were held securely using an electronic system that only staff could access.
- Staff understood their responsibilities when respecting people's privacy. Staff recognised when people wanted to spend time on their own and we observed they always knocked before entering rooms.
- External professionals told us they thought the staff were very kind and caring and they had no concerns. One said, "They [staff] show compassion towards the residents [people], treating them with dignity and respect."
- Staff promoted independence where possible and we saw this in practice during our inspection. For example, one person went out into the community independently. Staff supported them to do so safely and understand any risks. Another person had stayed at the home, following discharge from hospital. They had expressed to staff and the manager they really wanted to be able to get home. The staff team supported the person over time to improve their independence, so they were able to achieve their wish and return home. This demonstrated that the staff team and management supported people to maintain and increase independence, where possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's likes, dislikes and preferences were recorded in person-centred care plans that were reviewed with people and their relatives monthly and updated more frequently, if needed. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information. An external professional told us, "People's care plans are always kept up to date."
- People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff were able to describe the care and support required by individual people. Through talking with staff and through observation, it was evident that staff were aware of people's individual needs and they acted accordingly.
- Technology was used to ensure people had assistance when needed. For example, a call bell system was in place so that people could request prompt support. We observed people only having to wait for a short time before receiving staff assistance.
- Each person was respected as an individual, with their own social and cultural diversity, values and beliefs. Christian church services were held in the home regularly, which people could attend if they wished to. At the time of our inspection there was no one living at the home who practiced non-Christian faiths. However, we were told that support would be arranged to meet people's individual beliefs as and when needed.
- The service operated a 'resident of the day' scheme. This meant that on each day staff provided additional focus on one person. They would review the person's care plan, support them to have their health monitored, such as weighing them if needed. Their room would get a deep clean, if appropriate to their individual needs and staff would talk to the person and specifically ask them how they were feeling, if they were happy or if they wanted anything to change. This demonstrated that each person had some focussed support each month, in addition to their every day care and support needs being met.
- The management team and staff adapted people's care in line with their needs. For example, one person had been disorientated and distressed when they first moved into the home, and consequently were prescribed medicines that calmed and sedated them. Staff had worked patiently with the person and slowly supported them to feel at home. There was good guidance in place for staff to support them to remain calm and relaxed and over time they were able to stop the need for any sedative medicines. Another person had a diagnosis that meant they needed a very set routine to help them feel safe and secure and to reduce behaviours that would place them and others at risk. There was good guidance in place, that demonstrated the specific way the person needed supporting. For example, staff understood the person's body language and adapted how they interacted as a result. It was clear that staff knew them well and the person was receiving person-centred care that met their specific needs and helped them to feel safe and settled.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how people should be supported with these.
- Staff members knew how to effectively communicate with people. The approach by the service met the principles of the Accessible Information Standards. For example, pictures, photographs and objects were used to assist people to be involved in their care planning and decisions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to have their own belongings in the home and maintain and develop relationships. We observed interactions between staff, people and their relatives were friendly and relaxed. One relative said, "We are always welcome here, the staff are very good."
- People were provided with and supported to participate in activities to help maintain their social health and well-being. The provider employed two activities co-ordinators who provided meaningful activities and events, seven days a week. People were supported with individual and group activities such as visiting entertainers, arts and crafts and sensory activities. For example, donkeys from a local sanctuary had visited as well as regular musical entertainers.
- The staff team had considered how some people's significant cognitive impairment would impact on their ability to participate in meaningful activity. For example, one person with a significant cognitive impairment, was supported slowly with sensory activities so that staff could build relationships and identify which activities would provide meaningful stimulation. Over time their ability to engage improved, and the person now had increased awareness and enjoyed joining in with activities and conversations with staff every day. In addition, one of the activities staff members had talked to people about poetry, to discover which poems they liked. The staff member printed some of people's favourite poems on large sheets and encouraged people who were able, to read them out to others. For one person with a significant cognitive impairment, this has had a very positive effect and although they had a very short-term memory, staff felt that the person appeared happy and proud in the moments they were reading to others. The manager told us, "I really get the feeling that although [person's name] may not remember the activity they will remember how it made them feel."
- Public holidays and people's birthdays were celebrated. For example, when people had a birthday they received a cake and card, at Easter they had an Easter bonnet parade and at Christmas there was a party and carol singers. In addition, the staff put on a Christmas nativity play and had all been dressed up in costumes. The manager and provider told us this had been a great success and people and their families had enjoyed this.
- Some people were able to go out and the staff supported them to do this. For those, who were unable to get out easily, the home had a small shop based in the reception area, where people could buy snacks and toiletry items.
- Relative's told us they felt there were positive opportunities for people to participate in activities. One relative told us, "It's lovely, they [activities staff] really try to get people involved."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. The manager told us there had been no complaints received since they had started working in the service. However, systems were in place to record and monitor any complaints made.

- People and their relatives knew who to speak to if they wished to raise any concerns. One relative said, "I can talk to the staff or manager, but I have no complaints at all." A person said, "I would talk to staff or managers if I had to complain. The manager is open to feedback."
- The manager, provider and staff regularly engaged with people and their families so that any low-level concerns could be addressed quickly. Feedback was sought through a comments form, an online 'care home review' system, through daily conversations and observations of people.

End of life care and support

- Staff were not supporting anyone with end of life care at the time of the inspection. Some people's end of life wishes had been captured in anticipatory care plans. This gave details of people's choices, including considerations to cultural and religious preferences. However, for other people there was limited information within their 'future wishes' care plans. We discussed the importance of developing these further with the manager. This is so that information about people's specific wishes at the end of their life, would be captured, where people consented to share this information.
- The manager told us that they worked closely with external healthcare professionals to respect people's wishes and provide them with the care they required to be pain free and cared for at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager and provider demonstrated an open and transparent approach to their roles and encouraged staff to do the same. One staff member said, "[Manager's name] is really good, her door is always open, and we can ask her anything."
- People and their relatives told us the service was well run. One person said, "The manager is open to feedback. I would not change anything, you only have to ask, and you can get it." A relative said, "It [the home] is really good", I've no complaints at all."
- The management team and staff demonstrated a commitment to provide person-centred care. They had regular open conversations with people living at the home and encouraged their relatives and stakeholders to give feedback. One relative told us, "I am aware who the manager and provider are and am able to approach them if I needed to." Another told us, "I visited the home before deciding if it was suitable for my [relative]. I was impressed with the staff and the manager's attitude and they reinforced to me that this would be my [relative's] home, which I really liked."
- The staff team had worked with people and their relatives to ensure they had detailed information about people's life histories and needs. This was used to develop person-centred care plans and meant staff knew people well. One staff member told us, "I would be very happy for one of my relatives to be here."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's individual life choices and preferences were met. The providers, and management team were clear how they met people's human rights.
- Staff told us they felt listened to and the management team and provider were approachable. One staff member said, "The provider and managers are so approachable and supportive. When I had to have some emergency time off work, they were really supportive and arranged everything for me."
- Staff meetings were held regularly. Meetings were used to share information, such as learning opportunities, any concerns, training, and sharing information about planned activities. Minutes were kept and showed that where issues or suggestions were raised, action was taken.
- People and their relatives were consulted about the running of the home and asked their views on any changes planned or new ideas. Records of the meetings held, demonstrated that people's views were listened to and acted upon. For example, they were involved in deciding changes to the menu and types of food on offer to people.
- A relative told us they, "I would recommend the home and have done so. I feel the manager and staff have

become my friends."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure in place, consisting of the providers, the manager, a compliance manager and senior staff. They were clear about their roles and responsibilities and worked well as a team. However, we identified that some communication systems between the management team and senior staff could be improved to ensure actions identified were completed in a timely way. We discussed this with the management team who took immediate action to improve information sharing and oversight of any actions required.
- The manager told us they felt supported by the providers, one of whom had an office base within the home and was very accessible to them. They held weekly meetings to discuss how things were going and identify any action needed.
- There was a robust quality assurance process in place, consisting of a range of regular audits conducted by the management team and provider, and action was taken promptly when required. In addition, the manager completed daily informal observations and spoke to people and staff.
- Staff understood their roles and communicated well between themselves to help ensure people's needs were met. One staff member said, "It's just great here, the staff are really good we all get on well and know what we need to do."
- The provider had policies and procedures in place to aid the smooth running of the service. For example, there were policies on safeguarding, equality and diversity, complaints and whistleblowing.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The previous performance rating was prominently displayed in the reception area and on the providers website.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred.
- The manager and provider understood their responsibilities and had notified CQC about incidents, safeguarding concerns and events, where required.

Continuous learning and improving care; Working in partnership with others

- The manager had developed links with external agencies ensuring successful partnership working, such as with the local authority and the local GP surgeries and district nursing team. For example, the home worked closely with their local GP surgery resulting in weekly visits from the GP promoting consistency and better health outcomes for people. A visiting professional told us, "They [manager and staff] contact us promptly when needed and we work well together."
- Staff followed guidance provided by external healthcare professionals to ensure people received good overall care.
- The providers and management team continuously monitored the service to ensure any improvements needed, were actioned in a timely way.
- Accident and incident reports were monitored using an electronic records system, which alerted the providers and management team to all records made of this type. For example, when people had falls, their mobility assessments were reviewed by the manager and updated where needed. Any potential causes were considered, and prompt medical intervention sought, if required.

