Kettlewell House Limited

Kettlewell House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Kettlewell House nursing Home offers personal and nursing care for up to 29 people who are living with moderate to severe dementia. There are a further 10 care suites available on site, including four flats in the grounds where more independent adults live. At the time of our inspection, staff were providing care and support to 37 people.

The inspection took place on 30 November 2016 and was unannounced.

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

We carried out this fully comprehensive inspection to see what action the provider had taken in response to the shortfalls we had previously identified. We found during this inspection that the provider had made the improvements needed and was now meeting the regulations.

People were safe because there were enough staff on duty to meet their needs. Risks to people had been assessed and measures implemented to reduce these risks. There were plans in place to ensure that people would continue to receive their care in the event of an emergency. The provider made appropriate checks on staff before they started work, which helped to ensure only suitable applicants were employed and staff understood safeguarding procedures.

People were supported by staff that had the skills and experience needed to provide effective care. Staff had induction training when they started work and on-going refresher training in core areas. They had access to regular supervision, which provided opportunities to discuss their performance and training needs.

Staff knew the needs of the people they supported and provided care in a consistent way. Staff monitored people's healthcare needs and took appropriate action if they became unwell. People medicines were stored safety and administration practices for medicines were robust.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People's best interests had been considered when decisions that affected them were made and applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe.

People enjoyed the food provided and could have alternatives to the menu if they wished. People's nutritional needs had been assessed and staff were knowledgeable on people's individual likes and dislikes in relation to food. Information contained in people's care plans helped staff to ensure that people received

the care they required.

People had positive relationships with the staff who supported them. Relatives said that staff were kind and caring. The atmosphere in the home was calm and relaxed and staff spoke to people in a respectful manner. Staff understood the importance of supporting people to remain independent as well as treating them with respect and allowing them their own privacy.

The registered manager provided good leadership. Relatives told us the service was well run and that the registered manager was open and approachable. They said the registered manager had always resolved any concerns they had. Staff told us the registered manager provided good leadership and they felt supported by her. They said they worked well as a team to ensure people received the care they needed.

The provider had an effective quality assurance system to ensure that key areas of the service were monitored effectively. Where suggestions had been made these were used to develop and improve the level of care that was provided to people.

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.

There were sufficient staff to meet people's needs.

People were protected by the provider's recruitment procedures. Staff were knowledgeable in their responsibilities in relation to safeguarding.

People's medicines were managed safely and risks to people had been identified and guidance in place to reduce these risks. Accidents and incidents were monitored.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

Is the service effective?

Good

The service was effective.

The registered manager and staff understood their responsibilities in relation to the MCA and DoLS.

People were supported by regular staff who had appropriate support and training for their roles.

People's nutritional needs were assessed and individual dietary needs were met.

People were supported to obtain treatment from external healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and sensitive to people's needs.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy

and dignity.

Staff encouraged people to maintain their independence.

Relatives were welcomed into the home.

Is the service responsive?

Good

The service was responsive to people's needs.

People's needs had been assessed to ensure that the service could provide the care they needed.

Care plans had been regularly reviewed to ensure they continued to reflect people's needs.

Staff were aware of people's individual needs and preferences and provided care in a way that reflected these.

People had opportunities to take part in activities.

The service responded promptly to any concerns or complaints people had.

Is the service well-led?

Good

The service was well-led.

There was an open culture in which people were encouraged to express their views and contribute to the development of the service.

Staff had opportunities to meet together as a team and they felt they worked well together and the registered manager was supportive.

The provider had implemented effective systems of quality monitoring and auditing.

The registered manager met their obligations in relation to the registration with CQC.

Kettlewell House Nursing 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 November 2016 and was unannounced. The inspection team consisted of three inspectors and an expert by experience. An expert by experience is someone who has had experience of caring or living with someone who would use this type of service.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We also reviewed the Provider Information Return (PIR) submitted by the registered manager. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people who lived at the service and five relatives. If people were unable to express themselves verbally, we observed the care they received and the interactions they had with staff. We spoke with six staff, including the registered manager. We looked at the care records of four people, including their assessments, care plans and risk assessments. We checked how medicines were managed and the records relating to this. We looked at four staff recruitment files and other records relating to staff support and training. We also checked records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

The last inspection of the service took place on 14 and 15 January 2016 where we identified six breaches of regulation.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and when staff were providing their care. One person said, "I don't feel unsafe with staff." Another told us, "I feel very safe, the staff are all so nice." One relative said, "It is safe in here because of all the (key) codes everywhere and the buttons within the premises." Another told us, "The level of care here is very good, I have no fears for (name)."

At our inspection in January 2016 we identified a lack of understanding by staff of safeguarding procedures, risk assessments for people were not detailed, insufficient checks were made by the provider when they employed new staff and medicines were not managed safely. We found at this inspection action had been taken to address our concerns.

People would be supported to remain safe as staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. We saw information available for staff on how to report concerns and staff confirmed they knew there were telephone numbers available for them. The provider's PIR advised us that a, 'safeguarding adviser from the local authority had made a routine visit to meet the manager and to look around the home and is coming to facilitate two training sessions for all' and we found this to be the case. Staff told us they had attended safeguarding training in their induction and that refresher training in this area was provided. One staff member said, "I would go to the registered manager or Surrey County Council." Another staff member said, "I would let the manager know. Someone needs to do something. We have the phone number to call as we need to protect people."

People's safety was recognised by staff as staff carried out risk assessments to identify any risks to people and the actions necessary to minimise the likelihood of harm. This included where medicines may have an impact on the safety of someone. One person's records noted, 'high risk of falls due to medical condition and medicines. Their medicines can make them dizzy'. There was a reminder for staff to ensure items this person used regularly were placed close to them to avoid them leaning or stretching and thus risking a fall.

People were protected by the provider's recruitment procedures. Staff recruitment files contained evidence that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate. A staff member confirmed they had been asked to provide references and they underwent a DBS before they started work.

People's medicines were stored and administered safely. The home had recently introduced an electronic system to monitor and record the administration of medicines. This system told staff which medicines were due and staff then scanned a barcode for each person to confirm they had taken them. The system also displayed a picture of each person to ensure staff administered to the correct person, together with details of any allergies. The system would alert staff if medicines had been missed. It could also record 'as required' (PRN) medicines and could accurately inform staff of how long it had been between doses. Where people took paracetamol, the device would not allow administration of two doses within four hours. There had been no medicines errors in the home since the electronic system had been introduced. One person told us, "Nurses give me my medication."

People told us staff were always available when they needed them and that staff attended promptly if they rang their call bells. One person said, "I don't have to wait for staff." A healthcare professional said, "There are enough staff. I am never on my own and there is always a nurse here when I arrive." A relative said, "In the day there does seem to be enough staff and staff are attentive. No complaints." Another told us, "Mum is cared for and there are enough staff floating around." A third said, "I like it that they have a higher ratio of staff to people than in other homes."

There were sufficient staff to meet people's needs in a safe way. However we spoke with the registered manager about deployment of staff so that it was organised to help ensure there were sufficient staff on hand in the lounge area at all times. We had noted during the morning at times there was only the social coordinator in the lounge area as care staff were attending to people in their rooms.

Staff told us that they felt there were enough staff on duty on each shift to meet people's needs effectively. They said they had time to provide people's care in an unhurried way. We observed that people's needs were met promptly during our inspection and that people were not rushed when receiving their care. The registered manager told us they determined staff levels by using a dependency tool which was reviewed regularly. They said they did not use agency staff but covered staff absence using their own bank staff. In addition, the registered manager undertook one shift per week in order to maintain a good oversight of the home as well as identify where staffing levels may need adjusting. One staff member told us, "I think we have enough. We help each other cover sickness. If one group of staff finishes earlier, we support the others."

Where people had incidents and accidents staff aimed to learn and improve from these and to reduce the likelihood of reoccurrence. Incidents and accidents were recorded and analysed to highlight any actions needed. One person had hit another and staff supported both people and care records were updated to monitor the alleged perpetrator. The registered manager carried out a falls analysis each month to look for trends in relation to people's falls. A relative told us, "We have had no incidents for a long time which is good."

Should there be an incident or fire, people's care would continue in the least disruptive way. The provider had developed plans to help ensure that people would still receive the care they required should the home have to close for a period of time due to fire or flood. Staff had undertaken fire training so would know what to do in the event of a fire and we saw equipment available for staff to enable them to evacuate people from the building. A fire risk assessment had been carried out in December 2015 and we found that equipment was being regularly checked.

Good

Is the service effective?

Our findings

At our inspection in January 2016 we found that the registered manager was not following the legal requirement in relation to consent and that some staff did not receive the support they should have expected. We found at this inspection improvements had been made.

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 make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff understood their responsibilities in relation to the MCA and DoLS. However, there was not always evidence in people's care plans to support this. We read where some people had decisions made for them mental capacity assessments and best interest discussions were not evidenced. Immediately following our inspection the registered manager confirmed they had commenced work to ensure that mental capacity assessments and best interest decisions were undertaken and recorded for specific decisions for people, such as covert medicines (medicines disguised in food).

Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe, such as the locked front door and restrictors on people's windows.

We recommend the registered provider ensures that the principals of the Mental Capacity Act (2005) are followed in relation to all decisions made for people.

Staff were knowledgeable in the principals of the MCA. The provider's PIR informed us that, 'each staff member has a pocket sized leaflet detailing Mental Capacity Act and Best Interest Decision Making' and we found this to be the case when a staff member showed us and told us they referred to this. One staff member told us, "We have to respect people's decisions and they have the right to make a decision even if it's the wrong one. For those people who are unresponsive we have to take a best interest decision." Another said, "You should assume people have the capacity to make their own choices and there is no bad choice. If people have been identified as not having capacity then we support them and make things safe like to act in their best interests."

People were cared for by staff who had the skills and knowledge they needed to provide effective support. We saw evidence that staff attended an induction when they started work. One staff member said, "I did mainly moving and handling training because that was important. I also shadowed other staff at first."

Staff told us they felt supported in their roles and said they had access to the training they needed to do their jobs. The social co-ordinator told us they had undertaken dementia training and were accessing training specific to those living with dementia in order to develop appropriate activities. A member of care staff told us they had received a range of training which included mouth care. They told us, "It's not just a person's body that's important, it's their mouth too." They added they felt the training made them feel more confident as they were new to the role. We read from the records that staff received training in areas such as first aid, moving and handling and safeguarding.

Staff said they had regular one-to-one supervision, which gave them the opportunity to discuss any support or further training they needed. We read from the registered manager's records that they monitored supervision discussions to highlight areas that needed action. For example, where additional training was required or general issues needed to be discussed at handover or staff meetings. A staff member told us, "We talk about if we're happy and being supported, any changes, training and updates." Another staff member said, "The nurses are very good, they give us support and talk to us about how to deal with situations."

People told us they enjoyed the food provided. One person told us they liked an egg sandwich every morning and that the chef made this especially for them. Another person said, "I really look forward to the fish and chips and her (the chef's) chicken pie. Delicious." A third told us, "Food and drink very good, we can have unlimited drinks." A further person told us, "The food is very good. I'm happy with both the quality and the quantity." A relative said, "The food is good with plenty of drinks."

When people required assistance to eat staff provided this. Staff were seen giving people time to eat at their own pace and to enjoy their meals. Throughout lunch staff chatted to people about the food, regularly checking that they were happy with it. As staff escorted people into the dining room they chatted to them asking if they were hungry and ready for lunch. Staff told people what the food was as they gave it to them. One staff member said, "Are you looking forward to lunch? My sweetheart, it's vegetable soup."

People's nutritional needs had been assessed when they moved into the home and were kept under review. Risk assessments had been carried out to identify any risks to people in eating and drinking. People's weights were monitored and discussed in management meetings. They discussed with the cook if there was a need for changes in anyone's diet or portion size in response to a change in weights. The chef said, "It's up to me to make sure people are eating well. If someone has lost weight I know to pay particular attention." The PIR informed that 'the cook is advised where fortification of food is required and liaison with the GP takes place if food supplements are recommended' and we found this to be the case. One person had lost weight earlier in the year. This was identified by staff and guidance put in place to offer a fortified diet and snacks between meals. This person had now started to gain weight. The chef told us, "We put cream and butter in the mashed potatoes and porridge is made with cream in the mornings (when people required fortified foods)."

People's likes and dislikes were known by staff. The chef told us about one person who was a vegetarian and that they loved salads which they prepared for them. Another person had been given sausages because the meat for lunch was beef which they did not like. We saw that the chef had noted that one person had not eaten their meal and they had sent a staff member back to them to offer them an omelette.

People's healthcare needs were monitored effectively and people were supported to access medical appointments if they felt unwell. One relative told us, "They would definitely phone the doctor if they saw any sign of an infection." Records demonstrated that people were referred to specialist healthcare professionals if necessary, such as the GP, podiatrist, speech and language therapist or dietician. A relative

told us, "Staff were so supportive when she had to go to A & E." Another said, "Doctors visit here if needed."

Good

Is the service caring?

Our findings

People we spoke with were happy with all aspects of their care. They said staff were kind, friendly and helpful. One person told us, "I am looked after pretty well." Relatives told us their family members were looked after by staff who genuinely cared about them. One relative said, "I like the staff and they are approachable." Others told us, "The staff here are fantastic, there is no act of caring, it is within the person without exception. Such lovely people, kind and gentle", "Staff are very caring. They support [family member] and do whatever they ask of them, they are kind and very patient", "Lot of friendly staff and they are very helpful for all their needs" and, "The staff are from different parts of the world but have one thing in common, caring."

A healthcare professional told us, "It's lovely. There is a lot of care and love and such a calm atmosphere. I see lots of cuddles and hugs."

Relatives said staff made them welcome when they visited and it was evident from our observations that staff knew families well. One relative told us, "Staff always make me feel comfortable when I come in." Another said, "They (staff) are kind, caring, friendly, and helpful. Nothing is too much trouble. I even get a hug when I visit from certain staff." A third told us, "When dad was here, mum took ill. We were about to take mum home to get help and the staff here took care of her - they didn't have to - that convinced us they were a good care home."

At our inspection in January 2016 we found that people's dignity was not always respected. We found during this inspection that staff treated people with respect, dignity and care.

People's individual needs were responded to. One person told us, "I can ring the bell at two or three o'clock in the morning to ask for a cup of tea and staff bring it to me. When they come we have a natter." They told us they had their medicines at 06:30 in the morning and so they did not go hungry the chef brought them their breakfast at that time. We observed one person sitting in the main office. Staff chatted to this person and allowed them to help with minor tasks which they liked. A relative said, "Mum looks so well, she is clean and always tidy."

The atmosphere in the home was calm and relaxed and staff spoke to people in a respectful yet friendly manner. The provider's PIR told us, 'all staff are involved in caring for residents, regardless of their role which creates a family feel within the home' and we found this to be the case. Staff were attentive to people's needs and proactive in their interactions with them, making conversation and sharing jokes. We observed that staff supported people in a kind and sensitive way, ensuring their wellbeing and comfort when providing their care. Staff communicated effectively and made sure people understood what was happening during care and support. We heard a staff member say to one person, "You look nice today." The person smiled and said, "Thank you." A relative told us, "The staff are aware of (family member) varied communication and use pictures to communicate and that does seem to work most of the time. Staff are patient with them."

People were made to feel as though they mattered and were at the centre of the service. Throughout the day staff showed attention to people, regularly checking they were okay and asking if they needed anything. There were constant displays of affection from staff towards people. Staff were seen to stroke people's cheek or holding onto their hand when speaking with them. People in turn hugged staff and responded to interactions by smiling. When staff spoke with people they used endearments, such as, "Hello my darling, how are you doing?" One person told us, "(Name) is marvellous, I always get kisses and cuddles."

People were cared for by staff who knew them well. We asked staff about people and they were able to describe to us people's individual characteristics. Staff were knowledgeable about people's likes, dislikes and preferences. One person liked to spend their time in their room. Staff told us about this person and the information they gave us corroborated with what we were told by the person themselves. A staff member told us how one person liked to take biscuits to bed with them as they liked to have a snack during the night.

People were shown respect by staff. We observed staff knock on people's doors and call out before entering someone's room. Where people required to be repositioned in their bed or required personal care, staff ensured that bedrooms doors were closed before undertaking this. People were dressed appropriately and looked well groomed. Staff ensured people's clothing was arranged appropriately when they transferred them from their chair into a wheelchair. One person spent their time in bed and we observed that after staff had been in to reposition them, they had had their hair brushed. One person said, "They (staff) treat me with respect."

People were provided with empathetic care. We observed one person who became upset. The registered manager fetched them a handkerchief, checked they were okay and settled them. Later on they became upset again and a member of staff sat beside them, held their hand and chatted to them. Another person became disorientated and slightly distressed in the corridor. Staff reassured them gently and took them to watch the entertainer.

People were able to make their own choices and could have privacy if they wished it. Some people preferred to spend time in their rooms, others liked to eat in the lounge area rather than the dining room and others liked to walk around the home. One person was very independent and wished limited input from staff. We saw everyone being enabled to do as they wished. At the end of our inspection during our feedback to the registered manager one person came into the office. The registered manager invited them to sit with us so they could listen to our discussion. Where people wished privacy they were seen returning to their rooms or sitting in the quieter areas of the home. One person told us, "Staff will take me downstairs if I want to go, but I don't." Another person said, "I have privacy in my bedroom and carers close the door." A healthcare professional told us, "People are free to be where they want to be."

People's independence was encouraged by staff. A staff member told us, "We let people do things for themselves. I might cut up someone's food and make sure the table is close to them and then they can eat by themselves." We saw this happen at lunch time. They added, "When giving personal care I give them a flannel. Even if they can't do it they can still feel involved."

Good

Is the service responsive?

Our findings

At our inspection in January 2016 we found that care records were not always up to date, records relating to complaints were not always kept and some activities were not delivered in a way that best supported people who may be living with dementia. We found at this inspection improvements had been made.

People's needs had been assessed before they moved in to ensure that the staff could provide the care and treatment they needed. Pre-admission assessments recorded people's needs in areas including health, mobility, communication and nutrition/hydration. Assessments also explored and recorded aspects of people's lives that were important to them, such as relationships, interests and hobbies.

Care plans had been developed from the pre-admission assessments and were in place for areas including communication, nutrition, personal hygiene, skin integrity, continence and mobility. The plans were person-centred, with people's likes and dislikes and provided clear information for staff about how to provide care and support. The provider's PIR stated, 'relatives are actively encouraged to provide a detailed life story so that social interaction with residents focuses on what is important to them' and we found this to be the case. We noted people's life histories had been recorded to give staff some insight into what people had done before moving into Kettlewell House. Other information recorded people's particular preferences such as the type of music they liked. People's plans were reviewed regularly to ensure that they continued to reflect their needs. Care plans were written in simple, plain English so were easily understood.

People's care plans could be accessed externally by anyone who had been given permission. Care plans were held on an electronic password protected system which allowed relative's or people with the legal authority to read what was contained in them. A relative told us they really appreciated being able to do this. They said, "I can read the daily notes and keep up to date with what is happening if I am unable to get into visit her." We read in the provider's PIR, 'service users, their relatives and keyworkers are invited to respond and contribute to care planning' and we found this to be the case. One relative told us, "(Name) does have a care plan and I have always been involved with all aspects."

Where people had changes to their care needs these were shared with staff. A staff member told us, "If you have been off the nurse or registered manager will always update you on your return before you start to provide care to someone in case their needs have changed." Another staff member said, "It used to only be the nurses who changed the care plans, but they always had to ask us about things. The manager noticed and suggested we were involved."

People told us staff responded to their needs. One person said, "I require a lot of assistance to do anything. I would say generally my care needs are taken care of as carers do wash me and dress me. I am usually warm and am able to relax." A relative told us, "Since being here (name) has gained weight, so she is so much happier. Her children have noticed too how much the home has benefitted her."

We asked relatives about the activities that took place at Kettlewell House. One said, "In the home there is always something going on when I visit. He will join in but only if he's in the mood and wants to." Another

told us, "Lots of activities which she participates in up to a point."

People had opportunities to take part in activities at the home. The social coordinator was able to tell us about people's individual likes and dislikes, such as the Royal family and music preferences. They told us, "It's really important to socialise with people." We observed this staff member do that throughout the day which included checking that people who had wanted them had received their newspapers. During the afternoon a singer came to the home to entertain people. Staff were regularly touching people's hands to attract their attention and to encourage them to participate or engage with what was going on. Several people were supported by staff to dance or move to the music. One person in particular clapped along and stood up to dance. One person who had been sitting quietly half-dozing came alive as the music started and sang along.

Where people had particular interests staff ensured these were recognised and supported. One person particularly liked gardening and they told us they had spoken to the gardener and selected a spot where they were going to plan a fuchsia. They said they discussed plans with the gardener so by next summer they would be able to enjoy their time outside.

At the end of our inspection we discussed with the registered manager the need for some further thought into individualised meaningful activities especially for those living with dementia as we had noted during the morning Christmas Carols were playing which may have disorientated people. Immediately following our inspection the registered manager confirmed they had spoken with the social coordinator and were organising additional training to support them to develop more suitable and appropriate activities.

The provider had a written complaints procedure. The complaints procedure detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. The manager kept a record of complaints, all via email, along with her response which offered an apology and explanation. One person said, "I am confident to raise concerns and have done so. Most have been resolved satisfactorily." A relative said, "I have had cause to complain and it has all been resolved to my satisfaction." Another relative told us, "A complaint I would raise with the manager but have had no need."

We noted some compliments received by the home. These included one from a professional which said, 'wanted to convey how well your team have managed (name) since her arrival. Staff have demonstrated patience with her and facilitated her need for privacy and security'.

Good

Is the service well-led?

Our findings

People told us they felt the home was well-managed, they liked the registered manager and that they listened to them. They told us they saw the registered manager frequently and they took time to socialise with them. One person told us, "I only have to ask (the registered manager) and it's done. She came and chatted to me yesterday. We talked about all sorts of things." A relative said, "I do know the manager and she listens to me. She is very good to me always." Another told us, "Yes, it is good management. Staff here are very helpful." A third said, "The management here is very good. I do know her and there is definitely good leadership. You just have to look around." A further relative told us, "I do know the manager and she's okay. No complaints with any of them over the year. They listen to us and do what we want. I even know the owner of the home and he's alright too."

A healthcare professional told us, "I noticed it (the home) changed when the registered manager came. It's the way she trains the staff. I recommend this home to people."

At our inspection in January 2016 we found that although quality monitoring systems had identified areas for improvement, no action plan had been developed to ensure action was taken when needed. We found at this inspection improvements had been made.

The provider had implemented effective systems to monitor and improve the quality of the service. Audits were carried out regularly and a record was kept of actions taken. A monthly audit was carried out by a consultant and this was discussed at monthly management meetings. A recent audit had found one person needed a behaviour support plan in place. It also identified a need for a PRN protocol for one of their medicines. The person's records were updated to include this information. The last audit also identified a low number of staff supervisions. This was reviewed by the registered manager and an increased number of supervisions were scheduled for November. They identified there had been no night checks between 1am and 3am one night. The registered manager spoke to night staff to remind them of the importance of hourly checks.

Staff told us the registered manager provided good leadership. One staff member said, "She encourages us all the time and is very nice with us." Another told us, "I never feel as though I don't want to go to work. The manager is always near us. She's our colleague and is always helping us." Staff told us they worked well as a team and supported one another to ensure people received good care. A staff member said, "We all help each other. We work pretty well together."

Staff said they met as a team regularly and were encouraged to give their views about improvements and to raise any concerns they had. Management used these meetings to deliver important messages. At a recent one they discussed changes to the laundry system. Staff raised concerns that they found things in the wrong places. The registered manager reminded laundry staff of importance of putting things in the right places. They also discussed how to improve the dining experience. They decided one staff member would monitor the dining experience to ensure they knew who had eaten and also keep an eye on who had not eaten. The provider's PIR told us, 'the manager attends handovers regularly and encourages care staff to contribute to

discussion on a daily basis'. Staff confirmed this to be the case. A staff member said, "The manager will listen to you, she understands our job role. If I have an idea she will listen and things change. We are constantly trying to improve things."

People and their relatives were encouraged to give their feedback and this was listened and responded to. We noted a 'you said, we did' poster displayed. This recorded comments and feedback received. We read that comments had been made about the laundry and an odour on the ground floor. In response the registered manager had listed out the actions they were taking to resolve these, such as new flooring and a steam cleaner and the introduction of identity buttons which could be attached to clothing. One relative told us, "Excellent – would recommend (the home)." Another said, "Head and shoulders above any care home." A third told us, "From the minute I walked in here I felt it was absolutely right. It's the best choice and it's a happy home."

A recent residents and relatives meeting showed that they had discussed our last report. Management had been open and transparent in discussing the action plan they were submitting. They informed people and relatives of the updates being made to care plans and discussed the need for Lasting Power of Attorney evidence on file where people could not consent and relatives were signing on their behalf. They also invited people and relatives along for an Alzheimer's Society walk and discussed the upcoming garden party.

A survey went out three times per year. Relatives had raised that the laundry could improve as items went missing. The registered manager reviewed laundry processes and made some changes to try to minimise the chance of items of clothing going missing. Only laundry staff now dealt with clean washing. People's keyworkers were going to work with them to tidy wardrobe and storage in rooms to further lessen the risk.

The registered manager was aware of their statutory requirements in relation to notifying the Care Quality Commission (CQC) of accidents and incidents and safeguarding concerns. Notifications and safeguarding concerns had been received in line with requirements.