

Kentwood House Ltd

# Kentwood House

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection was carried out on the 31 May 2018. The inspection was unannounced.

Staff provided nursing care for up to 32 older people. Kentwood House is a family run 'care home.' People in care home services receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The accommodation spanned two floors and some rooms had on-suite facilities. A lift was available for people to travel between floors. There were 16 people living in the service when we inspected. People had longer-term health issues associated with ageing or illness requiring nursing care.

We carried out our last comprehensive inspection of this service on 28 March and 07 April 2017 and we gave the service an overall rating of 'Requires Improvement.' At that inspection we found two breaches of the legal requirements of the Health and Social Care Act Regulated Activities Regulations 2014 and one breach of the legal requirements of the Health and Social Care Act Registration Regulations 2009. The breaches related to Regulation 12, Safe Care and Treatment and Regulation 18 Notifications of incidents. We also made five recommendations. The recommendations related to the management of Legionella risks, planning for foreseeable emergencies, the presentation of policies, the management of the Mental Capacity Act 2005, specialist staff training and the legal requirements placed on the provider to send notifications to CQC.

The registered provider sent us an improvement action plan telling us how they intended to meet the legal requirements of the Health and Social Care Act Regulated Activities Regulations 2014 and the Health and Social Care Act Registration Regulations 2009. They told us they would meet the regulations by 31 August 2017. At this inspection we found improvements had been made. The regulations had been met and the recommendations had been acted on.

There was a registered manager employed at the service. A registered manager is a person who has registered with CQC 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. The registered manager and the registered provider both worked at the service.

Since our last inspection the system for managing incidents and accidents had been improved. These were recorded and checked by the provider to see what steps could be taken to prevent incidents or accidents happening again. The risk was assessed and the steps to be taken to minimise them were understood by staff. The improvements included a protocol for notifying CQC and/or the Local Authority Safeguarding Team when required.

General and individual risks were assessed and management plans implemented by staff to protect people

from harm. Infection risks were assessed and control protocols were in place and understood by staff to ensure that infections were contained if they occurred.

The registered manager and care staff used their experience and knowledge of people's needs to assess how they planned people's care to maintain their safety, health and wellbeing. The risk from infection from waterborne illness [Legionella] had been minimised.

All staff had now received training about the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The provider had reviewed key policies including those that covered the planning of foreseeable emergencies.

Staff had received specialised training in relation to the management of challenging behaviours. Staff received training that related to the needs of the people they were caring for and nurses were supported to develop their professional skills.

The provider had a system in place to assess people's needs and to work out the required staffing levels. The registered manager and lead nurse led on the effective delivery of nursing care. End of life care plans were developed with specialist nursing support. People had access to food, snacks and drinks during the day and at night. People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell. Good quality records were kept, assisting staff to monitor and maintain people's health.

We observed safe care. Staff had received training about protecting people from abuse and understood their responsibilities in preventing abuse. Nursing staff understood their professional responsibility to safeguard people.

Staff were welcoming and friendly. Activities were planned to keep people mentally active and maintain skills or hobbies. People and their relatives described staff as friendly and compassionate. Staff delivered care and support calmly and confidently.

Staff upheld people's right to privacy and to choose who was involved in their care and people's right to do things for themselves was respected. People, their relatives and health care professionals were often asked about their experiences of the service.

There were policies about equality, diversity and human rights. There were policies in place to assist people if they wanted to make a complaint about the service.

There were policies in place for the safe administration of medicines. Nursing staff were aware of these policies and had been trained to administer medicines safely.

Recruitment policies were in place. Safe recruitment practices had been followed before staff started working at the home. This included checking nurses' professional registration.

The premises and grounds were adapted to suit people's needs and safely maintained. The management and staff delivered care in line with the provider's care ethos. Plans to further improve the quality of care and premises were being developed by the provider.

## 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.

Systems and policies were in place to manage risk. Medicines were administered by competent nursing staff.

Assessments were used to minimise general, individual and infection risks.

Staff understood how to reduce the risk of abuse. Staff spoke about blowing the whistle if needed. People were safeguarded from potential harm.

Recruitment for new staff was robust and sufficient staff were deployed to meet people's needs.

Incidents and accidents were recorded and investigated.

### Is the service effective?

Good ●

The service was effective.

People's needs were assessed. People were cared for by staff who knew their needs well. Staff understood their responsibility to help people maintain their health and wellbeing.

Nursing staff monitored people's health and referred people to health services when needed. People were supported to eat and drink to maintain their health.

The premises had been adapted to support people's needs.

Staff met with their managers to discuss their work performance and staff had attained the skills they required to carry out their role.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

### Is the service caring?

Good ●

The service was caring.

Staff communicated effectively with people and treated them with kindness, compassion and respect.

People's privacy and dignity was respected by staff.

Staff showed concern for people's well-being in a caring and meaningful way and responded appropriately to their needs.

Compassionate end of life care was provided by staff.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were provided with care when they needed it based on the development of a person centred care plan about them.

Information about people was updated so that so that staff were aware if people's needs changed.

People were encouraged to participate in activities.

People were consistently asked what they thought of the care provided and had been encouraged to raise any issues they were unhappy about.

People and their relatives knew how to raise concerns and complaints.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The provider operated systems and policies that focused on the quality of service delivery.

The quality of the service was monitored through regular audits.

Systems were in place to monitor and review risks.

The management team and staff were clear about the vision and values of the service.

People and their relatives were asked about their experiences of the service.

# Kentwood House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 May 2018. The inspection was unannounced. The inspection team consisted of one inspector, a nurse specialist and an expert by experience. The expert-by-experience had a background in caring for elderly people.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually 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. Before the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law. We checked that the provider had followed their action plan.

We observed the care provided for people. We spoke with three people and three relatives about their experience of the service. We spoke with five staff including the registered manager, the provider, one nurse and two care workers.

We looked at records held by the provider and care records held in the service. This included six care plans, daily notes; safeguarding, medicines and complaints policies; the staff recruitment records ; the staff training programme; medicines management; complaints and compliments; meetings minutes; and health, safety and quality audits.

# Is the service safe?

## Our findings

People described and we observed a service that was safe. One person said, "I would tell my son (if felt unsafe) as he is very concerned about my welfare." Another person said, "Oh yeah I wouldn't stay if it wasn't safe." One relative said, "Yes certainly [they are safe] when he is in his bed the sides are always up." Another relative said, "Yes [X is safe] previously had falls has dementia, I know she's safe here."

At our previous inspection on 28 March and 07 April 2017, we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. Fire evacuation risks were not adequately mitigated by the procedures and control measures in place within the service. Incidents that affected the health, safety and welfare of people using the service were not being thoroughly investigated or reported internally or externally. We also made two recommendations in relation to Legionella management and the effectiveness of policies about responding to foreseeable emergencies.

We asked the provider to take action to make improvements and this action had been completed. At this inspection we found there had been improvements to the fire evacuation procedures and incidents and accidents were now managed appropriately. The provider had improved the management of the potential risks from Legionella (a water borne virus) in the service and had added more detail to the policies about dealing with foreseeable emergencies. The breach of Regulation 12 and the recommendations had been met.

Since our last inspection, personal emergency evacuation plans (PEEP's) had been put into place. These identified the individual support and/or equipment people needed to be evacuated in the event of an emergency, for example a fire. Each person had practiced an evacuation with staff to identify the fastest route to an emergency exit suitable for their needs. This could be, for example, an exit ramp rather than steps. Staff received training in how to respond to emergencies and fire practice drills were carried out to help keep people safe. The provider operated an out of hours on call system so that they could support staff if there were any emergencies. Staff told us they understood how to respond in the event of a fire. The risk of harm from fire was reduced.

The provider had updated the incident management recording systems to provide clearer information about how incidents were investigated and acted upon and whether or not they met the criteria for reporting to CQC or the local authority safeguarding team. There had been two recorded incidents, both related to people falling. These had been fully recorded by staff and investigated by the provider. Records showed that cases had been dealt with according to the provider's policies. Learning from the incidents was recorded, for example in one case the person's needs had been reassessed. This had prevented any further falls from happening. Investigating and learning from incidents reduced the risks of incidents reoccurring.

The registered manager had improved their management of Legionella risks by regularly testing water systems. Infection control risks were managed through staff training, premises maintenance and cleaning practices. For example, by deep cleaning rooms. The service was clean and odour free. Maintaining hygiene, water quality and following good infection control practices reduced the risks of cross infection or exposure

to waterborne illness.

The provider had updated their contingency planning policy. It now included details about protecting people from the risk of service failure, due to foreseeable emergencies, so that their care could continue. For example, the policy now included emergency phone numbers, places to go and the location of shut off points for mains services. The registered manager had an out of hours on call system, which enabled serious incidents affecting people's care to be dealt with at any time.

The premises were safely maintained. Risks management processes included staff visually checking equipment was safe. For example, the fire detection systems and lifts were regularly serviced. Records of the premises and equipment checks were audited. Records confirmed both portable and fixed equipment was serviced and maintained. The service had been awarded a fivestar (five stars being the highest) food hygiene rating in August 2017 by the local authority environmental health team. Assessing potential risk from the environment and taking action to control them minimised the risks people could be exposed to.

The registered manager assessed the individual risks people could be exposed to and safe working practices were followed by staff. People had risk assessments that were specific to their needs. People's risk assessments addressed communication, mobility, falls, and bed rails when appropriate. Night time risk assessments instructed staff about the required frequency of night observations and repositioning, to check that people were safe. (Repositioning people reduced the risks of pressure ulcers developing). Staff assisted people to transfer and move around and this was done in a safe way. Additional risks people faced were assessed and instructions recorded for staff on how to promote people's safety if they had been diagnosed with medical conditions such as diabetes. Individual risks were managed to protect people's health and wellbeing.

People were protected against potential abuse. The service had a safeguarding policy which set out the definition of different types of abuse, staffs responsibilities and the contact details of the local authority safeguarding team, to whom any concerns should be reported. Staff received training in safeguarding, and felt confident the management team would listen to and act on any concerns they raised. One member of staff said, "Colleagues and I protect people from harm." Staff knew how to "blow the whistle". Whistleblowing policies protect staff if they report, in good faith, the poor practice of another person employed at the service. Another member of staff said, "People here are very safe. Nursing is well managed. I would contact CQC if something was wrong." People were protected from potential harm by vigilant and trained staff.

People were protected from the risk of receiving care from unsuitable staff. The provider's recruitment policy was followed by the management. This protected people from new staff being employed who may not be suitable to work with vulnerable people. All applicants for jobs had been checked against the Disclosure and Barring Service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with vulnerable people. Before employment, all job applicants were asked to explain in full any gaps in their employment history. New staff could not be offered positions unless they had provided proof of identity, written references, and confirmation of previous training and qualifications. Checks were made to ensure nurses were currently registered to practice with the Nursing and Midwifery Council (NMC). Our discussions with the nurses in the service confirmed that they had the skills and experience to carry out their duties and responsibilities, including acting as shift leaders. Based on a dependency tool, skilled staff were deployed in appropriate numbers to keep people safe and meet their assessed needs. People's dependency levels were reviewed at least monthly as part of their care plan reviews. There were enough staff available to walk with people mobilising with their walking frames if they were at risks of falls.



Registered nurses administered medicines safely. The registered manager has assessed their competency to do so. Training and updates about medicines was provided by the provider. A medicines policy was in place and was understood by staff administering medicines. Medicines management audits had been completed. When changes in medicines had occurred, the nurses had updated the medicines administration records accordingly. Medicines were stored safely and securely in a locked clinical room. Fridge and room temperatures were recorded by staff daily and were within normal temperature ranges so that medicines would remain safe and effective.

Information about people was kept securely with access restricted to staff. When staff completed paperwork this was either stored in people's bedrooms or kept in the office to maintain confidentiality. Detailed daily records were kept by staff. Staff understood their responsibility to maintain people's confidentiality. Keeping accurate records assisted staff to help people to maintain their health and wellbeing.

# Is the service effective?

## Our findings

People told us that staff met their care needs and we observed this happening. People said, "Matron doesn't stand any nonsense if anything is wrong she gets to the bottom of it, she's very fair", "If I wasn't well staff would send for the doctor."

A relative said, "The food is good before [my loved one] came here they would only eat chicken, they tuck into whatever they give them;" and, "They are very frequent with water and tea, [my loved one] won't drink juice if they see their glass empty they will always ask them."

At our previous inspection on 28 March and 07 April 2017, we made two recommendations. the first in relation to staff understanding of the application of the Mental Capacity Act 2005, (MCA) and the second in relation to specialised training for staff in the management of challenging behaviours.

At this inspection we found that the provider had acted on these recommendations.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any 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 services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The management understood when an application should be made and how to submit it. A log of DoLS applications and renewal dates was held and monitored by the registered manager. DoLS applications had been made to the local authority supervisory body in line with agreed processes to make sure that people were not unlawfully restricted. The provider had arranged for all staff to have detailed training about the MCA. This had improved staff knowledge about completing mental capacity assessments and the level of information about this in people's care plans had improved.

Care plans for people who lacked capacity showed that decisions had been made in their best interests. For example, if people required bed rails to keep them safe. People's rights to consent to their care was respected by staff. People or their representatives had signed to agree their consent to the care being provided whenever possible. For example, for people with a visual impairment a relative had signed to agree care plans after seeking verbal consent from their loved one. Where people did not have the capacity to consent, a decision specific assessment had been completed and best interest decisions were recorded. Staff sought people's consent before they provided care. Staff understood how to maintain people's individuality and respect their choice.

Staff completed training to improve their skills and understanding of people's needs and how to deliver care. All staff had now received training in relation to the management of challenging behaviours. Nurses had received appropriate training to carry out their roles. This included, infection prevention and control, first aid and moving and handling. The provider kept information about the nursing and midwifery council (NMC) revalidation process for nursing staff. The revalidation process meant that nurses had to demonstrate they had maintained their skills and knowledge in order to keep their NMC registration. Training records confirmed that staff had attended training courses or were booked onto training after these had been identified as part of their development. Training gave staff the opportunity to develop their skills and keep up to date with meeting people's needs.

New staff completed an induction which included reading the service's policies and shadowing an experienced staff member to gain more understanding and knowledge about their role. New staff worked through the Care Certificate standards. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff were encouraged to complete a (QCF) Diploma in health and social care. The registered manager checked how staff were performing through an established programme of regular supervision (one to one meeting) and an annual appraisal of staff's work performance. Supervision is a process, usually a meeting, by which an organisation provided guidance and support to staff. Staff told us that they had opportunities to meet with their manager to discuss their work and performance through supervision meetings.

The registered manager undertook an assessment with people. The assessment checked the care and support needs of each person so the registered manager could make sure staff had the skills to care for the person appropriately. At the assessment stage people were encouraged to discuss their lifestyle preferences as well as their rights, consent and capacity. The registered manager also assessed people's dependency levels to capture how much staff care was required and how independent people could remain. This was translated into the number of care or social contact hour's people needed. The registered manager involved people and their family members in the assessment process when this was appropriate. This meant that the registered manager could assess how they would meet people's needs at Kentwood House.

The initial assessment led to the development of the care plan. Individual care plans were detailed, setting out guidance to staff on how to support people in the way they wanted. This gave staff information about the care people needed and how this would be delivered. People had choices in relation to their care. Care plans included people's preferences about personal care and personal hygiene needs. The care plans made reference to promoting independence and helping to maintain people's current levels of self-care skills in this area.

People's health and welfare was supported through their nutritional and hydration needs being met. Care plans included nutritional risk assessments to make sure staff had the guidance they needed to provide people with the right support. People were provided with food and drink that enabled them to maintain a healthy diet and stay hydrated. The cook met with people to discuss their food preferences. Nutrition assessment tools were completed for each person and action was taken to support people to stay healthy if they were considered to be at risk. For example, in cases where the person's body mass index (BMI) had dropped, the catering team were informed and, if appropriate, they provided fortified food for the person. (BMI is a measure of body fat based on height and weight).

The registered manager contacted other services that might be able to support them with meeting people's health needs. This included the local GP, the community nursing teams, occupational therapist. Referrals to other health professionals were done in a timely manner. For example, staff had referred one person to a speech and language therapist (SALT) who created a risk assessment and care plan to minimise the risk of

the person choking on food. Staff had kept a record of the actions they had taken to comply with the SALT care plan. People were supported by staff to attend routine health checks with, for example, the optician, dentist and GP. We looked at the management of people's diabetes care in detail. The diabetes care plans included all the recommended best practice monitoring, such as blood sugar levels, diet, eye checks and regular podiatrist visits for nail care so that the risks people faced from diabetes was mitigated.

Staff managed pressure ulcers effectively. People who were at risk from pressure ulcers developing or from skin tears were identified. At the time of this inspection, no one was suffering from pressure ulcers. Pressure area care was being managed by staff using prescribed creams, body repositioning and air flow mattresses to minimise the risks of ulcers developing. Documentation was kept up to date showing when people had been repositioned. Pressure area care plans showed frequent review.

Areas in the service were adapted for wheelchair access, for example there were ramps to access the garden. People living on the upper floors could access a lift to move between floors. There were adapted bathrooms and people had a choice between bathing or showering. All of the bedrooms had a sink for people's use. This provided people with comfortable living accommodation.

## Is the service caring?

### Our findings

People described their care positively. Staff we spoke with told us about their commitment and passion for caring for older people. One person said, "The staff are always kind and compassionate."

A relative said, "Yes I do think that staff are kind and compassionate, one of the girls [staff] was very kind when my loved one thought they had hurt their leg;" and "Staff talk to Mum all the time." Another relative said, "Absolutely [kind] staff always speak to him, they always call him by his name, he's well looked after."

Staff told us they tried to build good relationships with the people they cared for. Staff were polite and cheerful, and they tried to create a friendly atmosphere. Staff listened to people, answering questions and taking an interest in what people were saying. When speaking to people staff got down to eye level with the person so that the person could clearly see them and staff used eye contact and caring gestures, like a gentle touch on the arm to reassure people. Staff used people's preferred names when addressing them. One relative said, "Staff always have a chat with my sister, she wouldn't go to bed when she first came here so they would sit and talk with her in the chair."

People made choices in relation to their care. Staff encouraged people to do things for themselves and stay independent. Staff closed curtains and bedroom doors before giving personal care to protect people's privacy. People told us that staff were good at respecting their privacy and dignity. Staff understood their responsibilities for preserving people's independence, privacy and dignity and could describe the steps they would take to do this. A relative said, "They [staff] are always treat him as a person not a number."

Staff were aware of people's preferences when providing care. The registered manager had started a key worker/named nurse system. (This was a member of the staff team who worked with individual people, built up trust with the person and met with them to discuss their care.) They took responsibility for ensuring that people for whom they were key worker had sufficient toiletries, clothes and other supplies and liaised with their families if necessary. Each person had a record of their key worker input. This enabled people to build relationships and trust with familiar staff.

## Is the service responsive?

### Our findings

People told us that they were happy living at the service. People said, "Oh yes everyone is so kind, they ask how you are what do you want for breakfast, I've got no complaints." Another person said, "Staff help me wash, they talk to me about what they are going to do."

A relative said, "(Doctors) always weekly to see X gave X spray for the sore." Another relative said, "They manage people very well X doesn't like black holes in her drink (bubbles) they always scoop them out of her coffee and water." We observed staff scooping out the bubbles before they gave this person a cup of coffee.

Peoples care was based around their needs and choices. Care plans were personalised to the individual and gave clear details about each person's needs and how they liked to be supported. 'This is me' sections included childhood, family, places and occupations. Care plans contained information on a range of aspects of people's needs including mobility, communication, emotional wellbeing and specific dementia support. Plans were reviewed and updated monthly or as and when people's needs changed. For example, when people's mobility changed or they needed more prompting to manage personal care. People met with staff to discuss their care. Where people were not able to be involved in these reviews records showed that care had been discussed with relatives and professionals where appropriate and decisions made were based on people's life history and previous preferences. Care plans were accurate and up to date.

To promote wellbeing and reduce isolation an activities coordinator met with people to discuss what activities they would like to do. Activity sheets were completed to record when people chose to participate. For example, we could see which people had attended activities, how long they stayed and how often they attended. Pictures and photographs displayed key events on the notice board. This included social, physical and one to one activities based on people's feedback. People told us that they enjoyed the activities. People who preferred to stay in their rooms told us that they were visited by the activities co-ordinator. There were also regular events for friends and families to attend. A relative commented, 'Activities have helped X [name] improve.' Another relative commented, 'Activities for mental stimulation are helping him.'

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so. People said they had not found the need to raise a formal complaint or concern. Relatives told us that when they did complain these were dealt with quickly and appropriately. One relative said, "I ask if I'm not happy about something, it's always resolved to my satisfaction."

People's wishes for the end of life had been discussed with them and their family and documented in their care plan. People also had a section in their care plan detailing how any pain they may be experiencing could be managed. Staff consistently reviewed end of life care. They worked closely with a named nurse from a hospice and the community nurses to support people at the end of their life to make sure people receiving end of life care were supported with dignity.

# Is the service well-led?

## Our findings

People told us they were satisfied with the service they received. One person said, "I don't think I could do any better." Another person said, "If you have got any ideas you can always put them forward."

A relative said, "It's a homely sort of service, the care here means more than the outside amenities, I come in daily and see it all at different times, I know if I was concerned I could sort it out, I'm offered a cup of tea every day and staff call me by name."

At our previous inspection on 28 March and 07 April 2017, we found the provider was in breach of Regulation 18 of the Health and Social Care Act Registration Regulations 2009. The provider had failed in their legal duty to notify CQC about incidents within the service. We also made one recommendation. This was in relation to the provider seeking to improve the quality of their policies.

At this inspection we found improvements had been made and the breach of Regulation 18 had been met. The recommendation had been implemented.

The provider was aware of their responsibility to inform CQC about notifiable incidents in line with the Health and Social Care Act 2008.

There was a range of policies and procedures that were now specific to this service governing how the service needed to be run. Policies and procedures were available for staff to read and they were expected to read these as part of their training programme. The policies were updated with new developments in social care.

The registered manager and the provider were based in the service. They oversaw the service and provided support and guidance where needed. The registered manager had a nursing qualification and they worked closely with the nurses and care staff, social workers, referral officers, occupational therapists and other health professionals to make sure people received appropriate care. The right support and equipment were secured promptly and helped people continue to live independently. For example, profiling beds, wheelchairs or walking aids were sourced when needed. Where appropriate, people were referred to alternative services for further advice and assistance.

The provider had clear values which were promoted by the management team to all staff. The culture of the service was inclusive. Staff consistently demonstrated the provider's values to help people regain their confidence and continue to be as independent as possible. Staff told us they felt part of the team and could contribute to meetings and share ideas for the benefit of the people using the service. For example, staff had suggested introducing a key worker log in people's rooms and these were now in use. The management team met with staff in meetings. They discussed the operational effectiveness of the service and any issues or concerns arising with the service they were providing to people.

We looked at the arrangements in place for quality assurance and governance in all areas. Quality assurance

and governance processes are systems which help providers to assess the safety and quality of their services. The provider had implemented good quality assurance systems and used these principles to critically review the service. They completed audits of all aspects of the service, such as medicines, kitchen, personnel, learning and development for staff. Audits routinely identified areas they could improve upon and the deputy manager produced action plans, which detailed what needed to be done and when action had been taken. For example, after an audit of Legionella risks, changes had been made to improve the water storage system. The registered manager and provider checked people's care plans, risk assessments and daily logs to ensure they were up to date and completed to a good standard. Keeping people's care reviewed helped to ensure that their current needs were being met.

The provider's quality assurance system included asking people, relatives, staff and healthcare professionals about their experience of the service. The questionnaires asked people what they thought of the food, their care, the staff, the premises, the management and their daily living experience. People were happy with the service overall. One relative said, "Really good service, I don't go away feeling dissatisfied at all." Meetings were advertised and took place for people who used the service and their relatives.

The provider had identified areas needing improvement and had plans to update some decoration in the service and replace some carpets. Asking people about their views of the service assisted the provider to identify the action they needed to take to improve the quality of the service.

Staff told us that the management team encouraged a culture of openness and transparency. Staff told us that the registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and the registered manager worked alongside staff as part of the team. A member of staff said, "I like working here so much, no stress as we work as a team. I like caring for people, I like to care for people's palliative care needs." Another member of staff said, "We have staff meetings with matron, once a month. We discuss pointers to improve practice." There were systems in place to check the staff training records to make sure staff training was up to date and staff were equipped to carry out their role and responsibilities and any training needed was booked.

The registered manager worked closely with social workers, referral officers, occupational therapists and other health professionals to make sure people received appropriate care. For example, the registered manager worked closely with the local hospital to carry out nursing assessments when people were ready to be discharged. Referrals to the most appropriate services for further advice and assistance were made when required. For example, the Mental Health Community team and the Hospice Nursing Team. The registered provider used external agencies to assist with the development of policies and care plans. This gave them the opportunity to network and keep up to date with changes and developments in social care.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The provider did not have a website, but had conspicuously displayed their rating in the reception area of the service.