

Anchor Trust

Keble Court

Inspection report

Keble Court
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Hampshire
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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

Keble Court provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation, in a shared site or building. At Keble Court this accommodation consists of individual flats in one complex, which have been bought by individuals and is their own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support provided by the service. Not everyone living at Keble Court received regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection the service was providing personal care to five older people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age.

This comprehensive inspection took place on 25 April 2018 and was carried out by one inspector. The inspection was announced, which meant the provider and staff knew we would be visiting. We announced the inspection to ensure that people we needed to speak with would be available. At the time of inspection the service was supporting five people, who lived in four different flats. At the time of inspection one person had recently been admitted to hospital for treatment.

The service had a manager in place at the time of our inspection who was not yet a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service manager was in the process of completing their registration with CQC.

People were kept safe from harm by staff who knew what to do in order to maintain their safety. Staff promoted people's independence by discussing any risks to their safety with them and how these could be managed. Risks to people were assessed and action was taken to minimise any avoidable harm. Medicines were managed safely and administered as prescribed, in accordance with current and relevant professional guidance.

The provider operated thorough recruitment procedures to ensure staff were safe to support older people living in their own home. Needs and risk assessments detailed the number of staff required to support each person and there were always enough staff to provide care and support to meet people's needs safely.

Staff supported people to safely manage the control and prevention of infection by maintaining high standards of cleanliness and hygiene in their homes, particularly in relation to the safe preparation of food.

Staff raised concerns with regard to safety incidents, concerns and near misses. The manager analysed incidents and accidents to identify trends and implement measures to prevent a further occurrence.

The provider had enabled staff to develop and maintain the necessary skills and knowledge to meet people's needs effectively. People were supported to eat and drink enough to meet their nutritional needs.

Staff supported people to maintain their health and ensured they were referred promptly to appropriate healthcare professionals whenever their needs changed.

The registered manager and staff clearly understood their responsibilities in relation to the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way. People were involved in making every day decisions and choices about how they wanted to live their lives. The provider's policies and procedures supported this practice.

People's independence was promoted by staff who encouraged them to do as much for themselves as possible. Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights.

People experienced good continuity and consistency of care from staff who were kind and compassionate. People were relaxed and comfortable in the presence of staff who invested time to develop meaningful relationships with them.

The service was responsive and involved people in developing their support plans which were detailed and personalised to ensure their individual preferences were known. People were supported to complete stimulating activities of their choice, which had a positive impact on their well-being.

People were supported by staff to maintain special relationships with relatives to ensure people did not feel lonely and were protected from the risks associated with social isolation.

Arrangements were in place to obtain the views of people and their relatives and a complaints procedure was available for people and their relatives to use if they had the need.

The service was well managed and well-led by the manager who provided clear and direct leadership, which inspired staff to provide good quality care. The manager had developed an open and inclusive service. They had a clear vision and set of values based on social inclusion that the staff fully understood and delivered in practice. Staff felt listened to, supported and involved in the development of the service.

The safety and quality of support people received was effectively monitored and identified shortfalls were acted upon to drive continuous improvement of the service.

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.

Staff had developed positive and trusting relationships with people that helped to keep them safe.

Staff were risk aware and supported people to manage risks to their safety, whilst promoting their independence.

There were enough suitably skilled staff deployed to meet people's needs safely.

People's medicines were managed safely by staff who had their competence to do so regularly assessed.

People were protected from the risks associated with infections because staff supported them to maintain high standards of cleanliness and hygiene within their homes.

The provider ensured learning from accidents and incidents was implemented to ensure there was no recurrence.

Is the service effective?

Good ●

The service was effective.

People's needs and choices had been assessed and staff delivered care and support in line with current legislation and guidance to achieve effective outcomes.

Staff received appropriate supervision and support to ensure they had the required skills and experience to enable them to meet people's needs effectively.

People were supported to make their own decisions and choices and their consent was always sought in line with legislation.

People were supported to eat a healthy, balanced diet of their choice, which met their dietary requirements.

People were supported by staff to maintain good health, had regular access to healthcare services and received on-going

healthcare support when required.

People were involved in decisions about the environment within their homes.

Is the service caring?

Good ●

The service was caring.

People were consistently treated with kindness, respect and compassion, and were given emotional support when needed.

Staff supported people to express their views and be actively involved in making decisions about their care

People were treated with dignity and respect at all times and without discrimination.

Is the service responsive?

Good ●

The service was responsive

People, their families and staff were involved in developing their care, support and treatment plans.

People were empowered to make choices and have as much control and independence as possible.

The service ensured that people had access to the information they needed in a way they could understand it.

People knew how to complain and had access to provider's complaints procedure in a format which met their needs.

People were given the opportunity to review their end of life care needs regularly.

Is the service well-led?

Good ●

The service was well-led.

The manager promoted a positive culture that was person-centred, open, inclusive and empowering, which achieved good outcomes for people.

Staff understood their role and responsibilities, were highly motivated, and had confidence in their manager.

The manager operated effective quality assurance systems,

which identified and managed risks safely.

The manager collaborated effectively with key organisations and agencies to support care provision, service development and joined-up care.

Keble Court

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate.

This announced inspection of Keble Court took place on 25 April, 2018. When planning the inspection visit we took account of the size of the service and that some people using the service could find unfamiliar visitors unsettling. As a result this inspection was carried out by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information contained within the provider's website.

During our inspection we spoke with four people living at Keble Court and one visiting relative. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process which enables us to look in detail at the care received by an individual using the service. We pathway tracked the care and support of five people.

Throughout the inspection we observed how staff interacted and cared for people across the course of the day, including mealtimes and when medicines were administered. We spoke with the manager, the general manager of the Keble Court complex, an area manager and five staff.

We reviewed each person's care records, which included their daily notes, care plans and medicine administration records (MARs). We looked at six staff recruitment, supervision and training files. We examined the provider's records which demonstrated how people's care reviews, staff supervisions,

appraisals and required training were arranged.

We also looked at the provider's policies and procedures and other records relating to the management of the service, such as staff rotas covering March and April 2018, health and safety audits, medicine management audits, infection control audits, emergency contingency plans and minutes of staff meetings. We considered how comments made by people, relatives and staff were used to drive improvements in the service.

Following the visit we spoke with the relatives of three people living at Keble Court.

This was the first inspection of this service.

Is the service safe?

Our findings

People, their families, staff and the commissioners of people's care consistently told us they felt the service was safe. Staff had developed positive and trusting relationships with people that helped to keep them safe. One person told us, "I feel completely safe with all of the girls and [the manager] is so kind and natural. Another person told us, "The carers always go out of their way to make sure we are alright and often pop in when we haven't got a visit scheduled just to make sure we're alright."

The service had effective safeguarding systems, policies and procedures and managed safeguarding concerns promptly, in accordance with local authority guidance and government legislation. There had been no safeguarding incidents reported since people began to receive a service from the provider. However the manager and staff understood their role and responsibilities to protect people from avoidable harm and abuse, including how to report concerns to external bodies.

People consistently told us they felt comfortable raising concerns about their own or other people's safety. One person told us, "The carers are always asking me if I am alright or if there is anything I need. I know I can share my worries with any of them and they will look after me."

People and where appropriate their relatives were involved in managing their own risks. People's needs and risk assessments were person-centred, proportionate and contained the necessary information for staff to meet people's needs safely and to mitigate any identified risks. Staff thoroughly considered equality and human rights legislation whilst completing risk assessments which promoted their independence and personal safety. For example, people who were recovering from injuries sustained during falls before they had received support from the service, had mobility risk assessments completed. These ensured staff provided the appropriate support to ensure people were safe whilst mobilising.

Staff understood people's risk assessments and the action required to keep people safe. Prior to providing care to people, staff had the opportunity to read their care plan and ask the manager questions to ensure their understanding. New staff were introduced to people by the manager, prior to providing their care unsupervised. This provided people with reassurance and enabled staff to observe how people wished to be supported. People and relatives consistently told us staff delivered their care in accordance with their risk assessments, which kept them safe and met their individual needs.

Staff shared information about risks consistently and accurately during shift handovers, staff meetings and one-to-one supervision, to ensure they were managed safely.

There were arrangements in place to address any foreseeable emergency, such as fire or contagious illness. All relevant safety information such as the evacuation plan and fire safety plans was readily accessible. Each person had a personal emergency evacuation plan. During the inspection we observed staff respond to a fire alarm, in accordance with the provider's fire safety procedures, which ensured people were protected from the risk of fire.

Incidents and accidents were recorded appropriately and investigated where necessary. Any learning or changes to support plans or support guidelines were discussed at staff meetings. This meant the provider took action to reduce the risk of further incidents and accidents.

Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them. For example, one person recently experienced a fall at a time when they were not being supported by the service. The staff fully explored the circumstances involved with the person and discussed ways to reduce the risk of a future occurrence. The manager and staff were open and honest when things went wrong and learned lessons to make improvements to people's safety.

Staff ensured the safety of communal areas and personal living accommodation by completing daily health and safety checks, which were agreed with people. Where staff identified further environmental risks in people's homes, these were discussed with them. Risk management plans were then developed with the person to implement measures to keep them safe.

Each person had individual dependency assessments. These detailed the level of staff support required to keep them safe in any situation. These assessments specified the ratio of staff required to support each person at different times and during specific activities.

Staff underwent relevant pre-employment checks to check their suitability to support people older people living in their own home. Rotas demonstrated that the identified level of staffing required to ensure people were safe was always deployed. Staff told us there were always enough staff to respond immediately when people required support, which we observed on the day of inspection. The provider had arrangements to deal with unforeseen circumstances when staff were not able to work or there was an urgent requirement to meet people's changing needs.

The manager ensured that staff on duty at any time had the right mix of skills, competencies, qualifications, experience and knowledge, to meet people's individual needs. Staff had been trained to administer medicines safely and had their competency to do so checked every six months.

People were supported to keep their homes clean and hygienic by staff who underwent the provider's training and understood their roles and responsibilities in relation to infection control and hygiene. We observed staff followed current national guidance to ensure people were protected from the risk of infections.

All staff had completed food hygiene training and we observed staff and people followed correct procedures wherever food was prepared or stored.

Is the service effective?

Our findings

People and their families felt the service provided effective care and support and consistently told us staff understood their needs and how they wished to be supported. One person told us, "The girls are amazing, they are so kind and helpful and always do more than they should." Another person told us, "They have helped me get my confidence back to do things for myself."

People and their relatives told us the assessment and transition process completed by the manager before they received a service was very reassuring and instilled confidence in the service from the outset. One relative told us, "As soon as we met the manager we were put at ease because it was clear they knew what they were doing and everything was focussed on what [their loved one] wanted." Staff told us the transition process was very important because it allowed them to get to know people and their needs before they received a service at Keble Court.

People's physical, mental health and social needs were thoroughly assessed to ensure their care and treatment was effective and achieved the desired outcomes. For example, one relative told us, "We have been really pleased with the attention to detail by the manager and staff to find out what [their family member] needed."

The provider's induction and training programme ensured that all staff had completed the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that care workers are nationally expected to achieve.

Staff completed an induction course based on nationally recognised standards and spent time working with experienced staff. New staff told us how they shadowed experienced staff to learn people's specific care needs and how to support them, before they were allowed to work unsupervised. The provider enabled staff with the required knowledge and skills to support people effectively. Staff consistently told us the provider's induction process and continued training programme had given them the skills to carry out their role and support people effectively. Records demonstrated the provider's required training had been refreshed regularly to keep staff knowledge and skills up to date.

People and their relatives consistently praised the skill and expertise of the staff in relation to their determination to provide opportunities for people to experience the best quality of life. One relative told us, "The girls are very good at identifying when [their loved one] is poorly and immediately take action and let us know."

Supervision and appraisal were used to develop and motivate staff, review their practice and focus on professional development, for example; the manager had been supported through the provider's management development programme and received regular support from their area manager and a mentor, who had previously been an experienced registered manager. Other staff told us they were supported by the provider to obtain other qualifications relevant to their role.

Staff told us they received effective supervision, appraisal, training and support to carry out their roles and responsibilities. They consistently told us the manager listened to their ideas and felt their contributions were valued and acted upon, for example; suggestions for people to take part in new activities.

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. We checked to confirm the service was working within the principles of the MCA and found people's human rights were recognised and protected.

Families praised the staff for ensuring their loved ones were involved in as many decisions as possible and had their human rights protected. People received consistent, person-centred care and support when they were referred to different services. For example, one person praised the manager and staff for the support provided when their partner was recently admitted to hospital for treatment.

Staff told us how they supported people with their decision making. This included explaining options to people and anticipating needs for some people by observing gestures. This meant people's independence was maintained and they retained control over aspects of their lives.

People were supported to have enough to eat and drink and were provided with a balanced, healthy diet, which met their needs, which we observed in practice. People were encouraged and supported to prepare their own snacks and drinks in accordance with their eating and drinking plans. Staff protected people, especially those with more complex needs, from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions that affect their health.

People were supported to stay healthy. Records showed that people had regular access to healthcare professionals such as GP's, psychiatrists, opticians and dentists. People had health action plans which detailed the completion of important monthly health checks.

The provider used technology and equipment to meet people's identified care needs and to support their independence, in line with their best interests, for example; people were supported to use their individual mobility and sensory aids effectively.

Is the service caring?

Our findings

People and their relatives consistently made positive comments about the caring attitude of the manager and staff. One person told us, "All the staff are wonderful, they are so attentive and will do anything for you, even massage my old feet." Another person said, "I'm glad I came here because of the way all the carers treat me, like one of their own family."

People valued their relationships with staff and felt that they often went "the extra mile" for them when providing care and support. Two people told us staff made them feel 'special'. Relatives of people consistently told us that staff had developed special bonds with their loved ones. One relative told us, "My [family member] can be a bit awkward sometimes but the staff have such a lovely way with her and are so patient that they always get her to do things eventually which keep her safe and well."

Staff anticipated people's needs and quickly recognised if they were in distress or discomfort. People told us staff consistently showed concern for their wellbeing in a caring and meaningful way, whilst responding promptly to their needs. For example, when people had an infection or had developed an area of sore skin staff made quick referrals to relevant health professionals.

Staff spoke about people with passion and fondness, recognising people's talents and achievements, which demonstrated how they valued them as individuals. Relatives praised the dedicated, caring nature of staff, which had enabled their loved ones to have the opportunity to lead an independent fulfilling life. One family member told us, "They are really happy here and they can join in with all of the activities, whilst we have the peace of mind that staff are there if required."

The registered manager had cultivated a caring community environment where staff promoted respectful and empathetic behaviour. Relatives consistently reported the manager was focused on the staff approach to people and developing caring and trusting relationships with them and their families. New members of staff told us they had been supported by other staff to develop their relationships with people. People experienced positive relationships with staff who worked as a team to develop people's trust and confidence.

Staff spoke fondly about their special memories whilst working at Keble Court, which frequently described small steps taken by individuals. One staff member told us how small comments from people inspired them to provide the best care possible, for example; one person told the staff member that the care they were providing had a significant impact on their pain relief, which allowed them to enjoy their life more and improved their emotional and physical wellbeing.

Rotas and practical arrangements were organised so that staff had time to listen to people, answer their questions, provide information, and involve them in decisions. People's emotional needs were understood and supported by compassionate staff, for example; staff made additional calls to check on a person, whose partner had been unexpectedly admitted to hospital.

People's care records included an assessment of their needs in relation to equality and diversity. Staff underwent training and understood their role to ensure people's diverse needs and right to equality were met. Staff supervisions and competency assessments ensured that people experienced care which respected their privacy and dignity, whilst protecting their human rights.

People experienced care from staff who understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. Staff maintained people's privacy, keeping their doors closed whilst supporting them with personal care and explaining what they were doing throughout. We observed staff waiting outside people's homes until they were invited in to speak with them or entered by a process agreed with the person.

Staff told us that information was contained in the person's care plan, including their personal likes and dislikes, which records confirmed. People chose where and how they spent their time, for example; some people chose to visit a local garden centre, whilst others could choose to attend a coffee morning or physiotherapy exercise classes. People told us that staff explained what was happening at Keble Court and what they needed to do to join the daily activities.

People told us they were able to make choices about their day to day lives and staff respected these choices. Staff told us the manager encouraged them to make sure they always had the necessary clothing and equipment to support people's choices of activity.

Staff promoted people's independence and knew the level of support each person needed, especially what aspects of their care they could do themselves. Staff clearly understood how to support people with their independence, whilst compassionately ensuring they were safe. For example, how to shower safely, in their preferred manner. One person told us how they still liked to cook some of their own meals and were supported to do this by staff. Their relative and staff told us how they supported the person to remember how the cooker worked and how to turn it on and off.

People said staff asked them about their care and how they wanted it provided. Care plans showed that people and relatives, where appropriate, were involved in the planning and reviews of their care. Care plans provided clear guidance for staff to ensure people were supported to make choices about their individual care, for example; choices in relation to their clothing, meals and drinks. People and relatives told us staff respected people's right to refuse care, which we observed had been recorded. Relatives told us that staff also exercised their duty of care in circumstances where a person's refusal to do something could adversely affect their health, for example if they chose not to take their prescribed medicine or to eat. One relative told us how they were impressed with the manner in which staff eventually persuaded their loved one to take their prescribed medicines or eat a healthy meal.

Confidentiality, dignity and respect formed a key part of induction training for all staff. Confidential information, such as care records and staff files, was kept securely and only accessed by staff authorised to view it. All information kept on the computer system was also secure and password protected. Daily records were collected regularly and stored securely in the relevant care files.

Is the service responsive?

Our findings

People living at Keble Court experienced care that was flexible and responsive to their individual needs and preferences. People's care plans were person centred and contained detailed information that identified how their assessed needs were to be met. Care plans gave clear instructions about how people liked to receive their care and identified key areas of needs, such as, personal care, daily living activities, and meal preparation. Plans had been updated regularly by staff in relation to people's personal goals and aspirations. Care plans we reviewed fully reflected people's physical, emotional and social needs.

People and those with authority to act on their behalf, were fully involved in the planning of their care and support. People told us they were encouraged to be independent by the manager and staff ensured individuals were enabled to have as much choice and control as possible. Relatives told us the staff worked closely with families and kept them fully involved in people's care as required.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals when required. Changes to people's care was discussed at shift handovers to ensure staff were responding to people's current care and support needs.

Staff supported people to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them. For example, one person told us how they were supported with their spiritual needs.

Staff had identified people's individual needs and interests and arranged activities to meet them. People consistently told us there was always something to do in the broader Keble Court community. People said that staff kept them well informed about activities and encouraged them to take part, whilst always respecting their decisions if they chose not to. One person told us, "There is always something going on, like exercise classes and film nights. Friday night is a good night, where everybody gets together to enjoy a take away."

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People consistently told us that the companionship and friendliness of the staff was often more important to them than the actual physical support they provided. Staff were committed to protecting people from the risks associated with social isolation.

Staff enabled people to be as independent as they could be. Where appropriate, people were supported to maintain their independence and life skills, for example in relation to personal care and cooking. People's families consistently praised the staff for their commitment to supporting their loved ones to live independently in their own homes. One person told us, "Sometimes I forget things and they remind without

taking over and doing things for me." Staff talked knowledgeably about the people they supported and took account of their changing views and preferences.

Staff demonstrated a clear understanding of their responsibility to consider people's needs on the grounds of protected equality characteristics as part of the planning process and provisions had been made to support each individual. The Equality Act covers the same groups that were protected by existing equality legislation – age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. These are now called `protected characteristics. We reviewed one person's care plan which showed their individual religious beliefs and preferences had been considered.

There were regular opportunities for people and staff to feedback any concerns to the management team. Due to the size of the service the manager personally sought feedback from people informally on a daily basis, and formally on a monthly basis. At the time of inspection the manager was developing a questionnaire tailored to address feedback specifically from the individuals using their service. Feedback was consistently positive, with many complimentary comments about the support provided, the staff and the overall service.

People had been provided with a copy of the provider's complaints process in a format which met their needs. Records showed no complaints had been received since the provider began to support people living at Keble Court. Staff understood the provider's complaints policy but told us they were supported by the manager to deal with concerns immediately, wherever possible.

People consistently told us they would talk to the manager if they were unhappy. Relatives consistently told us the manager encouraged them to speak with her if something needed to be improved. One person had a whiteboard in their home which family members used to let the manager and staff know if something needed to be done or changed, if the manager was absent when they visited. A family member told us, "Whenever anything needs to be done we write it on the whiteboard and it is done as soon as they read it."

A common theme reported by people and their families was the approachability and the willingness of the staff to listen. One person told us, "I have nothing to complain about but if I need anything all I have to do is speak to [the manager or named staff] and they get on and sort it there and then." A relative told us, "We've never had to complain about anything but if we did [the manager] wouldn't rest until they had sorted it out."

The provider used the learning from concerns as an opportunity to drive improvement in the service. For example, when people experienced a fall at times when they were not supported by the service. The manager completed a full risk analysis to identify any preventative measures staff could take before leaving the person. The manager also reviewed the person's falls management plan to reduce the risk of them falling, and implemented plans to remove slip and trip hazards.

At the time of inspection no-one living in Keble Court required end of life care. People told us the manager had provided an opportunity to discuss their end of life wishes but people did not wish to discuss these at the time of their care planning or reviews.

Is the service well-led?

Our findings

The service was consistently well-led and well managed. The previous registered manager resigned in December 2017 and the manager has been in post since 27 December 2017. The manager had almost completed the process to become the registered manager and was being supported in their development by Keble Court's general manager, who was an experienced registered manager. The manager was able to demonstrate the provider's intention to support them to complete a level five Health and Social Care qualification, relevant to their role as a registered manager. The provider had arranged for the manager to work alongside the previous registered manager for six weeks before they left the service. The provider's effective succession planning ensured that people and staff benefitted from continuity and consistency of leadership.

People, relatives and staff told us that there was a close family atmosphere at Keble Court where people cared for one another, which we observed in practice. They told us that the manager had maintained and developed these qualities within the service.

Relatives and health and social care professionals spoke highly about the effective management of the service. One relative told us, "The new manager is really on the ball, they respond quickly to any problems and always keep us informed."

People, their families and staff consistently told us the service was well managed. One person told us, "The manager has a special way of making you feel that everything is going to be ok. She is unflappable and does everything with a smile." Another person told us, "You always feel happier after she [the manager] has been to see you." A relative said, "The manager takes time to talk to you. She is never in a hurry and never makes you feel that she needs to be somewhere else, which is rare these days."

People and their relatives trusted the manager and felt confident to express their views and concerns. Families consistently made positive comments about the staff devotion to people living at Keble Court. One relative told us, "All of the carers go above and beyond normal realms and do extra things to make sure [their loved one] is happy, and they have a really good manager who cares for everybody."

Staff told us the manager was readily approachable and very supportive. Staff enjoyed working at Keble Court because the management team put people's needs and their care at the heart of everything they did. Staff told us the manager was a good role model who led by example.

One staff member told us, "I love coming to work here because the people are lovely and you feel appreciated and respected by the manager." Another staff member told us, "The manager is brilliant because she takes time to tell you if you have made a mistake but in a way that helps you learn and always tells you when you do well."

The provider's vision was to give older people a choice of high quality places and ways to live and deliver a service in line with five core values. These values included assuming personal accountability, being honest,

respectful, reliable and straightforward. Staff had a clear understanding of these values. People and relatives consistently told us they demonstrated these values in practice, when supporting them with their everyday care.

The manager reviewed the day-to-day culture within the service and took every opportunity to reinforce the provider's aims, through positive acknowledgement of people and staff's achievements. This was consistently confirmed by people, their relatives and staff.

People and staff told us the manager had created an open and inclusive environment, where everybody felt their contribution was valued and recognised. We observed the manager was highly visible and readily available to support people and staff. People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

Staff understood their role and responsibilities and had confidence in their management team. Staff told us the manager frequently worked alongside them and provided constructive feedback about their performance. Staff reported that the manager was quick to recognise and thank them for good work.

People and their relatives told us they experienced excellent communication with the manager and staff always knew what was happening in relation to their family member, whenever they called or visited. One person told us, "The communication is very good. All the staff listen carefully and take their time to explain things to me to make sure I have heard them and understand." A relative told us, "There is excellent communication between us and the manager calls immediately if there are any concerns or if [their family member] is poorly or needs to see a doctor." Throughout the inspection we observed how the manager provided staff with clear guidance on the care and support people required, for example; emotional support for a person whose partner had been admitted to hospital.

Quality assurance systems were in place to monitor the quality of service being delivered, which were effectively operated by the manager. Staff completed a series of quality audits including care files, health and safety, fire management and maintenance. Action plans were developed following each audit and monitored to drive the continuous development and improvement of the service.

The provider supported the manager with a comprehensive system of visits and audits by senior managers. All surveys completed since the service began to provide care and support to people demonstrated positive improvement and an effective response to issues identified.

The provider worked effectively in partnership with key organisations. The manager had developed good links to local community resources to meet the needs and preferences of the people who use the service. For example, at the time of inspection, the manager was liaising closely with the local hospital discharge team, to ensure they could meet the changing needs.

People were encouraged to be involved in the development of the service. There were monthly reviews where people and relatives were able to discuss any concerns or ideas to improve the service. People were informed of the progress in relation to actions generated by previous meetings, for example; there were updates in relation to proposed building improvements.

Staff supervisions were completed bi-monthly and where required, actions were raised in relation to new ideas or suggested improvements. Staff told us that the manager was continuously seeking their views and opinions to improve the quality of care people received.

The manager kept up to date with current research and best practice, demonstrated with examples of newsletters, guidance and alerts from the local authority and CQC. The manager understood the legal requirements and public health and safety obligations of their role, for example; the prompt submission of notifications and other required information to relevant authorities.