

MMCG (2) Limited

# Kings Court Care Centre

## Inspection report

Kent Road  
Swindon  
Wiltshire  
SN1 3NP

Tel: 01793715480

Date of inspection visit:  
15 October 2019  
16 October 2019

Date of publication:  
13 November 2019

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Kings Court Care Centre is a care home that provides personal and nursing care for up to 60 older people. The service is provided in accommodation over two floors. At the time of the inspection, 57 people were living at the home.

What life is like for people using this service:

People who used the service and relatives spoke positively and told us they felt safe in the home.

Since our last inspection, improvements had been made to quality assurance, staffing and meeting peoples care needs.

Additional staff had been employed and for people assessed as needing one to one support, this was provided. At the time of our inspection, agency staff were providing the one to one support.

Care records had improved and demonstrated that people received the care they needed.

Staff had received sufficient training to carry out their roles. They demonstrated a good understanding of safeguarding and whistle-blowing and knew how to report concerns.

People were supported to access a range of health care services and regular visits were undertaken by the GP. Healthcare professionals spoke positively and told us they worked extremely well with the care home who responded positively to advice, support and guidance.

People's dietary needs were assessed, and actions taken when people lost weight or their nutritional needs changed.

Where people's food and fluid intake, and change of position needed monitoring, records completed were accurate and up to date.

People and relatives were asked for feedback and knew how to complain.

People received care that was kind, thoughtful and respectful. Staff enjoyed working at Kings Court Care Centre and spoke positively of the relationships they had with people who used the service and their relatives.

A range of quality assurance checks were in place to make sure risks were mitigated and improvements were made.

The service met the characteristics of Good in each of the key questions, Safe, Effective, Caring Responsive

and Well-led. Therefore, our overall rating for the service after this inspection has improved to Good.

For more details, please see the full report which is on the CQC website at [www.cqc.ork.uk](http://www.cqc.ork.uk)

Rating at last inspection:

Requires Improvement (report published in October 2018).

Why we inspected:

Services rated "requires improvement" are re-inspected within one year of our prior inspection. This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people receive.

Follow up:

We will monitor information received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Kings Court Care Centre

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

One inspector and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

#### Service and service type:

Kings Court Care Centre is a care home with nursing that provides personal and nursing care to older people, some of whom are living with dementia. 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced, so the provider, registered manager and staff team did not know we would be visiting.

#### What we did:

Before the inspection we reviewed information we held about the service and the service provider. The registered manager 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 also looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we spoke in depth with 13 people who lived in the home and briefly with many others. We spoke with 14 relatives. We observed how people were being cared for. We spoke with the regional

director, the regional head of quality, the registered manager, deputy manager and 11 staff. This included a registered nurse, catering staff, an activities coordinator, a housekeeper, laundry staff and care staff. We also spoke with an administrator who had an additional 'people champion' role.

We reviewed a range of records that included five care plans, daily monitoring charts and medicines records. We checked staff recruitment, supervision and training records. We looked at a range of records relating to the management and monitoring of the service. These included audits, quality assurance surveys, minutes of meetings and maintenance checks.

We received feedback from four health care professionals and obtained their views about the service. We read feedback the care home had received from two health professionals. Their views have been incorporated into the report.

# Is the service safe?

## Our findings

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

At our last inspection in September 2018, this key question was rated Requires Improvement. This was because staffing levels were not always sufficient to meet people's needs and risk management plans did not always show how risks were mitigated. These were breaches of Regulation 12 and Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found significant improvements had been made and the legal requirements were met. This key question has improved to Good.

This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People were supported to take their medicines safely and as prescribed. The staff administering the medicines were patient and kind. They checked that people were ready to take their medicines, explained what they were giving and provided support that was unhurried and reassuring.
- For example, for one person who was prescribed a number of medicines to be taken in the morning, the registered nurse took time to explain each of the medicines with descriptions including, "Yes this is fizzy one, and the next one is the chewy one."
- The records we checked were fully completed. A monitoring system was in place that identified shortfalls and confirmed actions needed.
- Medicines were safely obtained, stored, administered and disposed of. Sufficient storage was provided, and systems were in place for medicines that required cool storage and medicines that required additional security.
- Where people were prescribed medicines to be taken 'as required,' for example, for pain relief, the records provided details of the circumstances in which they may be needed, and the side effects that people may experience. One person told us, "They manage my pain really well. They give me medication when I need it," and a relative said, "We have all spoken to staff about her pain so now they are monitoring the pain patches to get the right level. The doctor comes in every week."
- Some people were prescribed topical creams that were to be applied to their skin. The records were fully completed to confirm they had been applied as prescribed.

### Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe, with feedback including, "I feel safe here now. They have pulled me through my panic attacks, so everything is alright now," and, "One thing I do feel is safe. They make me feel safe here." A relative told us, "We can sleep now, and we are very grateful. His bed is safe, he is comfortable. Their awareness is excellent. We have a safe man now."
- Staff had received safeguarding training and knew how to recognise signs of abuse. They were clear about their responsibilities for reporting concerns. Written guidance about safeguarding and whistleblowing, with external contact details was readily available and displayed in the home.

## Assessing risk, safety monitoring and management

- Risk assessments and risk management plans were in place. These included risks associated with falls, behaviour that could be challenging for others, skin condition, choking, moving and handling, mobility, malnutrition and dehydration.
- Risk management plans set out the actions needed to mitigate the risks identified. These included completion of monitoring charts for food and fluid intake and for change of position. The records we checked were fully completed and up to date.
- Some people were checked hourly to make sure they were comfortable and safe. This was an observational check that wasn't timed, but was recorded, for each person on the 'o'clock' for example, 1am, 2am etc. If care interventions were undertaken, specific timings were recorded. The regional director told us they were reviewing this system of checking. They were planning to introduce electronic record keeping and the specific timings of each person's visual checks would be recorded.
- People who needed support to move with hoisting equipment told us they felt safe when they were being moved. Staff were clearly well trained and worked confidently whilst providing reassurance and encouragement to people whilst they were being moved.
- The premises were safely maintained, and regular checks were completed that included electrical, gas, legionella control and fire safety. Personal emergency evacuation plans (PEEPS) provided details of the support people needed if they were to be moved out of the home in the event of an emergency. Equipment, such as hoists were regularly checked by external contractors.

## Staffing and recruitment

- Staffing had improved since our last inspection. Additional staff had been employed and sufficient staff were deployed most of the time to make sure people's needs were met. Comments from people and their relatives were mostly positive and included, "I think there are enough staff here. I know some places struggle. There are plenty of night staff and enough at weekends too. I've no complaints," and, "Staff levels are excellent. They are always putting their heads around the door. They are very attentive."
- However, one person and a relative told us they sometimes had to wait longer than they would like, to have their care needs met.
- The registered manager told us how they calculated the staffing levels needed. They used a dependency assessment tool in addition to feedback received and their own observations when they walked around the home.
- On most occasions, staff responded promptly to peoples' calls for help and support. On the second day of our inspection, staff were not so visible for a short period of time before lunch, to respond to a person who was repeatedly calling out for help and another person who told us they were lost, had backache and was unable to find their room. We brought our observations to the attention of the registered manager and a registered nurse. At all other times during our two days, we saw staff responding promptly and people's needs were being met.
- Agency staff were being used to meet the needs of 10 people who had been assessed and needed one to one support for parts of the day or night. The registered manager told us they were planning to recruit permanent staff to provide this additional support.
- Staff acknowledged recent improvements in staffing. Feedback included, "I think we usually have enough staff now and new carers and nurses have been recruited," and, "Sometimes we struggled with staffing but it's so much better now and we can help with activities."
- Staff recruitment procedures were safe. Employment histories were checked and reasons for gaps in employment were explored. Checks were completed with the Disclosure and Barring Service (DBS) so that staff unsuitable to work with vulnerable people, such as those living in care homes, were identified.

## Preventing and controlling infection



- Suitable measures were in place to prevent and control infection. Staff had received training and used gloves and aprons when needed.
- The home was clean and tidy. A senior member of staff monitored the completion of cleaning schedules and actions taken when shortfalls were identified. People told us they felt the home was clean and that improvements had been made following the appointment of this senior member of staff.

#### Learning lessons when things go wrong

- There was a clear procedure in place for reporting and recording accidents and incidents.
- Systems were in place to analyse accidents and incidents and to identify trends to help prevent them from happening again. This included actions such as changing the position of a person's bed, and a review and change of medication for another person.

# Is the service effective?

## Our findings

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

At our last inspection in September 2018, this key question was rated Good. At this inspection, the rating for this key question has remained Good.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their relatives were confident they received the care they needed. A relative told us, "We have seen a remarkable improvement here. He has more awareness of his surroundings. They have given him a new lease of life-they are so knowledgeable about things."
- Assessments were carried out before people moved into the home. This was to make sure the service was suitable for them and their care needs could be met. People were also encouraged to visit before they moved into the home. We saw one person and their relatives being shown around the home during our inspection.
- Regular checks were made using assessments and screening tools. For example, where it was identified people were at risk of developing skin pressure damage, actions taken included provision of pressure relieving mattresses and chair cushions, and support to change position.
- People's needs were reviewed on a regular basis and when their condition changed. People told us they were confident staff recognised when they weren't well and that appropriate actions would be taken.

Staff support: induction, training, skills and experience

- When new staff started in post they completed an induction and on completion the Care Certificate was issued. Nominated people champion's provided additional support for staff to help them in their role. This included opportunities for staff to discuss not only work related, but personal issues too. A member of staff told us how much they appreciated this role and said how much of a help and support a people champion had been to them.
- Refresher and update training was planned, and records were maintained. Staff told us how they were also encouraged to gain qualifications in care.
- Role specific training for registered nurses was provided and included venepuncture and syringe driver training that had been recently completed.
- Staff told us how training that focused on oral health care had been really beneficial, had provided lots of new ideas for them to consider, and had resulted in improved outcomes for people.
- Staff received supervision on a regular basis. They said they felt well supported and comments included, "I really can't fault the support I get here."

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

- People received a healthy and nutritious diet. Where people needed support with food and fluids, this was provided.

- People told us they were offered enough to eat and drink. Comments included, "Food? I've no complains. We have a good choice," and, "It's good food. The chef is excellent. There is a good variety and they will get you anything. I am quite content with it all."
- The chef told us how they were made aware of people's likes, dislikes, needs and preferences. They were provided with diet information sheets for each person and updated when there were changes.
- Where people had specific dietary needs, these were recorded in their care plans. For example, for people who had pureed food and thickened fluids, staff were aware of the consistencies each person needed.
- On the first day of inspection, some people in the dining room on the first floor who were not able to fully communicate their views, were not offered meal choices at the time of service. They were not told what the meal they were being served, was. On the second day, people were shown two plates of food to help them make choices. In addition, photographs of meals were available. The registered manager told us this was the standard expected and they would continue to monitor closely to make sure this happened each day.
- On both days of our inspection, the meal service offered to people in the ground floor dining room and to people in their rooms was thoughtful and supportive. People had chosen their meals earlier that morning, but some people changed their mind and alternative meals were offered. We heard staff asking, "Are you ready for lunch?" "Would you like some gravy with yours?" and, "Would you like the music on?"

#### Supporting people to live healthier lives, access healthcare services and support

- The service made sure everyone living in the home had access to the healthcare they needed. This included opticians, physiotherapists, chiropodists, social workers, speech and language therapists (SALT), and the dementia and later life liaison teams. They also received regular visits from their GP.
- People's comments and feedback included, "It is so easy to see the GP. He comes in every week. If I wanted to see him outside of that day, he would come in," and, "I've got my physio coming in every week at the moment."

#### Staff working with other agencies to provide consistent, effective, timely care

- We received very positive feedback from health professionals with comments including, "I particularly like the way the staff at Kings Court are proactive in getting the right professionals involved," and, "What has always struck me is that the management team know their service users well, are extremely responsive to emails/calls I make, and always take time to discuss service users when I visit."

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

- Since our last inspection, significant works had been undertaken to enhance the environment.
- Communal areas had been decorated and refurbished. They were spacious and uncluttered and provided a range of seating, arranged in groups. The communal areas were well lit, and the décor had been well thought out and gave an air of calm and comfort.
- On the ground floor, one of the rooms had been converted to a fully functioning 'pub,' that was used for parties, entertainment or, for people who just wanted to spend time in a different area with their loved ones.
- On the first floor, bedroom doors were painted in different colours and each had a letterbox to make it look like a front door. Dementia friendly signage was displayed at eye level. There were murals on the walls depicting different shop windows and a 'bus stop' had been created that had chairs, a timetable and signs provided by a local bus company.
- People's bedrooms had been personalised with small pieces of furniture, photos and other personal items.
- The reception area was being upgraded to create a new seating area and a 'hydration station'. A new hairdressing salon had been created and was being decorated at the time of our inspection.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff clearly understood the importance of seeking consent and involving people in day to day decisions. They had received training in the Mental Capacity Act. Throughout the inspection we heard staff asking people before they provided the supported needed with phrases such as, "Would you like me to?" "Is it alright if?" "Where would you like to sit?" and, "Are you ready to get up?"
- Mental capacity assessment and best interest decisions had been completed when necessary.
- Where there were restrictions on people's liberty, these had been authorised or applications were being processed, by the local authority. Fourteen people currently had an authorised DoLS in place and applications for a further eleven people had been submitted to the local authority for processing. There was a system to monitor their progress and when an authorisation was due for renewal.
- Staff told us about restrictions to people such as the use of bed rails. They told us they were only used in the person's best interests and to keep them safe. This was clearly recorded.
- One person had a protocol in place for a gentle hand hold restraint. Detailed written guidance was in place. This had been agreed with other health and social care professionals as being in the person's best interests and was regularly reviewed.

# Is the service caring?

## Our findings

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

At our last inspection in September 2018, this key question was rated Requires Improvement. This was because there were not always sufficient staff to spend time with people and provide the reassurance and support they needed. At this inspection, improvements had been made and the rating for this key question has improved to Good.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- Everyone looked well cared for and were dressed according to preferences as noted in their care plans. Hearing aids and spectacles were being worn by people who needed them. Staff made sure those people who liked to have personal belongings such as handbags, with them, had them close to hand.
- People looked comfortable with staff and told us staff were attentive to their needs. Comments included, "All the carers are pleasant and do their jobs well," and from a health professional, "They don't just look after the residents, they care about the relatives too."
- Three people commented they were not so satisfied when agency staff were on duty. They did not feel that agency staff were as caring as permanent staff.
- Throughout our inspection, we saw staff demonstrating numerous acts of kindness and thoughtfulness. For example, they took time to pop into people's rooms, just to check they were 'ok.' Staff acknowledged people as they walked by, with a friendly wave, a smile or a brief chat.
- We read cards that were complimentary about care provided for loved ones. One relative wrote, "Thank you for the care and kindness given to [name of person]."

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

- People were supported to make decisions about their personal care and this was recorded in people's care plans. For example, 'Likes a wet shave every day' and, 'No longer likes to wear make-up-becomes agitated'.
- Staff spent time with people to enable them to express their views and how they were feeling. We heard one person being asked if they were ready to be made more comfortable. The person was unable to respond fully, but given time, was able to say, "Yes" or, "No." Staff waited until the person had communicated their response before they provided the care needed.

Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with told us people were treated with respect and dignity, and their privacy was maintained. Staff had received training in maintaining dignity and privacy and organisational policies and procedures were in place.
- Dignity champions had been appointed and the registered manager told us they planned for the champions to undertake audits relating to privacy, dignity and independence.

- It was clear that staff enjoyed their work. A member of staff told us, "I enjoy showing new staff, important things like knocking on doors, waiting for a response, introducing ourselves, explaining what we are doing, and telling them not to rush people."

# Is the service responsive?

## Our findings

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

At our last inspection in September 2018, this key question was rated Requires Improvement. This was because people's needs were not always met. At this inspection, improvements had been made. The rating for this key question has improved to Good.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans had been re-written since our last inspection to reflect people's individual needs. The records showed how people communicated and expressed their views. For example, "Use visual prompts," and, "Communicates through body language and signs." The records also explained how the person communicated if they were in pain.
- One person told us, "The care they give me meets my needs. I don't think they could be better." A relative commented, "He has never been so clean. He has different clothes every day."
- Most care records were up to date and regularly reviewed to make sure they still reflected current needs. For example, for a person with diabetes, the records reflected the actions staff needed to take if their blood sugar levels fell outside of their expected range.
- The SALT team had assessed one person and noted in the care records they needed to be supported to drink with a beaker with no lid. However, other care records, staff feedback and our observations noted the person was being supported to drink with a beaker with a lid. We brought this discrepancy to the attention of a registered nurse,
- Care staff told us how improvements in care had been made since our last inspection. They told us they had more time to make sure people's needs were met.

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

- Everyone spoke positively about the range of activities offered with comments including, "[Name of activity coordinator] is absolutely marvellous. She always asks if I want to go down and join the activity session. I'm going down later because my physio is coming in a minute. We're having a Halloween disco soon and we had a fantastic garden party in the summer. The gardens are lovely, and I get out there as much as I can," and, "The activities are good. Everyone's included."
- A health professional said, "The home is innovative in that they have converted one room into a pub for all residents and their families to enjoy, and I am informed they have live music too. I think this is a welcome addition, and an example of person-centred thinking, and it is refreshing to see this social opportunity as opposed to some homes I visit that focus on the 30s and 40s in terms of music and cultural preferences."
- A weekly activity programme was displayed on each floor. The activity coordinator told us how they monitored people's participation to make sure people were not 'missing out.' Individual records were kept in activity folders in people's bedrooms.
- Opportunities were taken to celebrate events that were meaningful to people. During the inspection, one

of the home's volunteers and staff encouraged everyone to come to the dining to sing happy birthday to a person.

- A recent and welcome addition to the home was the introduction of four labrador puppies, who all, at different times and days, were 'living' in the care home. Everyone commented positively about the puppies, and in response to requests, they were taken to visit people in their rooms. Comments included, "[Name of person] loves the dogs. They stimulate him, and the activities are good," and, "The dogs are lovely, and I love watching them play out there in the garden." A health professional commented about the introduction of the puppies, "This is encouraging them to leave their rooms and to join the other residents in communal areas. This was a great idea."

#### End of life care and support

- The registered manager told us how they supported people with end of life care. People's records included end of life plans. Staff told us how they had cared for a person who had passed away recently. The person wanted their loved one to sleep with them. This was arranged, and the person was able to sleep next to their loved one, for their last three days, until they passed away.

#### Improving care quality in response to complaints or concerns

- The registered manager told us they had received three complaints in the last 12 months, one of which was received during our inspection. The other two had been resolved in line with the policy guidance.
- The registered manager told us they regularly spoke with people and relatives and invited feedback at the three monthly resident and relative meetings.
- The meeting minutes from August 2019 noted that 'All present were confident in complaints procedure and welcomed the 'open door' policy. People expressed confidence in the manager's response to concerns raised.' In addition, a relative told us, "Excellent staff. All our little issues have been addressed. They operate an open door policy."



# Is the service well-led?

## Our findings

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

At our last inspection in September 2018, this key question was rated Requires Improvement. This was because the provider's quality assurance systems had not always identified shortfalls and actions had not always been taken to make improvements. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvements had been made and the legal requirements were met. The rating for this key question had improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Robust systems were in place to monitor and evaluate the quality of the service provided. Regular detailed audits were undertaken by the registered manager and the regional director, quality and human resource teams. The regional teams visited and provided support on a regular basis.
- Audits included care records, infection control, medicines, health and safety, the environment and observations of staff interactions with people who used the service. Action plans were completed when areas for improvement were identified. Improvements actions from our last inspection were also closely monitored.
- Staff in the home participated in the monitoring of quality. For example, 'red pen' audits were completed to check that monitoring records were fully completed. In addition, the management team audited the provider's other homes and management teams from their other homes, audited at Kings Court.
- Staff understood their roles and responsibilities. Guidance was provided by the registered manager and the deputy manager and supported by regularly updated policies and procedures.
- The registered manager knew what notifications they had to send to the CQC. These notifications inform CQC of events happening in the service.

Planning and promoting person-centred, high quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- Everyone, people who used the services, relatives, staff and health professionals were complimentary about the management of the home. They felt the registered manager and deputy manager were approachable, open, honest and effective in their roles.
- Feedback included, "[Name of registered manager] is a good listener. Her and her deputy are very approachable," "Communication with us is excellent," and, "We would recommend it here. We can't fault it."
- Staff felt well supported. They told us the management team were committed to making improvements. Comments included "amazing," and, "can't fault them."
- Staff told us there had been a number of significant improvements since our last inspection and gave examples that included staffing, the environment, oral health care and record keeping.

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

- The registered manager encouraged open communication amongst everyone who used, worked in, and visited the service.
- Surveys were completed on an annual basis for people using the service and for staff. The surveys for 2019 were in the process of being completed.
- Feedback was obtained in a number of ways. People were asked for their views on a regular basis, at meetings and by the management team on their daily 'walk around' the home. Meetings with people who used the service and relatives were also used as opportunities to socialise. The introduction of 'themed evenings' such as Indian inspired evenings with Indian food, had increased attendance.
- Staff meetings were held on a regular basis and staff felt confident their views and feedback would be listened to and acted upon.

Continuous learning and improving care and working in partnership with others

- The registered manager had developed really good working relationships with external health professionals. They were very positive and complimentary about the communication and the relationship they had with the management team in the home.
- The registered manager was committed to continuous learning and to developing the skills and knowledge of their staff team. They attended workshops run by the local council and offered Kings Court as a meeting or training venue for other health professionals. The local admiral (specialist dementia) nurses held their meetings at Kings Court.
- Staff attended handovers when shifts changed and they were provided with updated information about people and their needs. In addition, daily head of department meetings took place. Each department updated the meeting with relevant information about their department. This was followed by a 'clinical' update with the registered nurses. Key information was discussed. This included anyone they were concerned about, and the reasons for anyone's change of condition and actions to take.
- Clinical governance meetings were held each week with the management team and the registered nurses. They discussed people at risk and reviewed people whose needs had changed, with the aim of improving the quality of care people received. On occasions, external health professionals had attended the meetings.