

Kingsmead Care Home Limited

# Kingsmead House Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Kingsmead Care Home House Care Home is a nursing home for up to 40 people, with a range of support needs including personal care, nursing needs and for people who require end of life care. On the day of our inspection there were 19 people living in the home.

There was a manager in post; however they were not yet registered with CQC. An interview date was pending. 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.

People told us that they felt safe, however, the provider had been issued with an Enforcement Notice from the Fire Service. The provider told us that the works would be completed by the end of June 2017.

There were sufficient staff to keep people safe. There were recruitment practices in place to ensure that staff were safe to work with people.

People were protected from avoidable harm. Staff received training in safeguarding adults and were able to demonstrate that they knew the procedures to follow should they have any concerns.

People's medicines were administered, stored and disposed of safely. Staff were trained in the safe administration of medicines and kept relevant and accurate records. For people who had 'as required' medicine, there were guidelines in place to tell staff when and how to administer them.

Staff had written information about risks to people and how to manage these. Risk assessments were in place for a variety of tasks such as falls and moving and handling. The manager ensured that actions had been taken after incidents and accidents occurred to reduce the likelihood of them happening again.

There were mixed views about activities. Improvements had been made since the last inspection. There was an activity programme in place. The manager recognised that further work needed to be done in this area. Improvements had been made in the home, however further work was needed with record keeping, ensuring that care records were fully completed and were personalised.

People's human rights were protected as the registered manager ensured that the requirements of the Mental Capacity Act 2005 were followed. Where people lacked capacity to make some decisions, mental capacity assessment and best interest meetings had been undertaken, however they lacked details. Staff were heard to ask people's consent before they provided care.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had sufficient to eat and drink. People were offered a choice of what they would like to eat and drink. People's weights were monitored on a regular basis to ensure that people remained healthy.

People were supported to maintain their health and well-being. People had regular access to health and social care professionals.

Staff were trained and had sufficient skills and knowledge to support people effectively. Staff received regular supervision and an annual appraisal.

People were well cared for and positive relationships had been established between people and staff. Staff interacted with people in a kind and caring manner.

People's choices and views were respected by staff. Staff and the management knew people's choices and preferences. People's privacy and dignity was respected.

People received a personalised service. Care plans contained information for staff to support people effectively. However, it was not always evidence that people and their relatives had been involved in care planning. We have made a recommendation.

The home listened to staff and people. Some relatives told us that this was inconsistent. There was a complaints procedure in place. Complaints had been responded to in line with the provider's complaints procedure.

The management promoted an open and person centred culture. Staff told us they felt supported by the management and that they were approachable. Relatives and people told us that they had seen improvements in the care provided however there were still some inconsistencies. Improvements could be made with some care records. We have made a recommendation.

There were procedures in place to monitor and improve the quality of care provided. The management understood the requirements of CQC and sent in appropriate notifications.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

The provider had an outstanding fire Enforcement Notice and work needed to be completed.

Risks to people were identified and managed appropriately. Staff were aware of individual risks and how to keep people safe.

Staff understood and recognised what abuse was and knew how to report it if this was required.

There were enough staff to meet the needs of people. All staff underwent safer recruitment checks to make sure that they were suitable before they started work.

Medicines were administered, stored and disposed of safely.

### Is the service effective?

**Good** 

The service was effective.

Mental capacity assessments had been completed to determine if people lacked capacity. Applications had been submitted to the local authority where people who were unable to consent were being deprived of their liberty.

Staff had the knowledge and skills they needed to support people. Staff received regular supervision.

People had a choice of healthy and balanced food and drink. People's weight was monitored for any changes.

People attended healthcare and social care appointments to maintain their health and wellbeing.

### Is the service caring?

**Good** 

The service was caring.

Staff treated people with kindness and people were well cared for. People's dignity and privacy was respected.

Staff interacted with people in a respectful, caring and positive way. Staff knew people well.

People made choices about their day and about their care.

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

The service was not always responsive.

Care received was personalised. Care plans were in place and detailed. Care needs and plans were assessed and reviewed regularly.

There were mixed views about activities. There was an activity programme in place. The management recognised further improvements needed to be made.

People told us they felt listened to, relatives said this was inconsistent. Complaints had been responded to in line with the organisations policy.

**Requires Improvement** ●

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

The service was not always well led.

There was an open and positive culture. Staff and people told us that the management were approachable.

Improvements had been made in the service. There were procedures in place to monitor the quality of the service. Where issues were identified, actions plans were in place these had been addressed. Record keeping needed further improvement.

People, staff and relatives said that they felt supported by the manager.

**Requires Improvement** ●

# Kingsmead House Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 17 May 2017 and was unannounced. It was conducted by two inspectors, one experts by experience (Ex by Ex) and a nurse specialist (SPA). An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed all the information we held about the provider. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is information about important events which the provider is required to tell us about by law. We contacted the local authority quality assurance and safeguarding team to ask them for their views on the service and if they had any concerns, no concerns were raised.

On this occasion we did not ask the manager to complete 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.

As part of the inspection we spoke with twelve people, four staff members, the manager and five relatives. We also spoke with the chef, the maintenance person, the activity co-ordinator and one health care professional. We spoke to the regional manager and the provider before and after the inspection.

We spent time observing care and support provided throughout the day of inspection, at lunch time and in the communal areas. We reviewed a variety of documents which included four people's care plans, risk assessments, and people's medicine administration records (MAR). We also reviewed four weeks of duty

rotas, four staff recruitment files, health and safety records and quality assurance records. We also looked at a range of the provider's policy documents. We asked the manager to send us some additional information following our visit, which they did.

We last inspected the service as a focused inspection in the domain of Well Led on 27 January 2017. There was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The previous fully comprehensive inspection occurred on 17 September 2016. There were four breaches of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and enforcement action was taken against the provider in Regulation 17.

# Is the service safe?

## Our findings

At our previous inspections we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and staff deployment. The provider submitted an action plan to state they had met the legal requirements. We saw that improvements had been made and the requirements were, now met.

People told us that they felt safe. One person said, "Yes I feel safe. I like me door left open, and staff look in on me. The staff are in and out to see me all day." Another person said, "I do feel safe." A third person said "Oh yes definitely I feel safe. Just the whole set up makes me feel safe."

Risks to people were not always managed to ensure that people were safe. The provider had been issued with an Enforcement Notice from the local Fire and Rescue service. Work was required to be carried out to reduce the risk of fire spreading at the home and to ensure the escape routes were safe. The provider told us that they would comply with the Enforcement Notice by the deadline provided.

Individualised guidance was available to staff so they could provide support to people when they needed it to reduce the risk of harm to themselves or others. Staff were able to describe individual risks to people and how to address these to keep people safe. A staff member told us, "I check the equipment, check the person, and check the environment to make sure things are in place. The care plan details risks to people." Risk management plans in place for people who needed them. These included skin integrity, falls, and the use of bed rails. Equipment and risk assessments were in place for people who required support with their mobility. Risk assessments were reviewed on a regular basis.

There were enough staff to meet the needs of people safely. The manager told us that there were two nurses available during the day and five care staff. At night time, there was one nurse and three carers. There were improvements with the staff deployment and response times of staff answering call bells. However, there were mixed views from people and relatives about staffing levels. Some people told us that call bell response times had improved. One person said, "Sometimes they are short staffed. Not very often and it doesn't really affect me. Staff are very good, they come as quick as they can." Another person said, "The bell is not answered promptly. ...I do wait longer during weekends for my needs to be met." Another person said, "The girls keep on running up and down to care about patients and thus cannot attend to all. At times they are short of staff at night." Staff told us that the staff levels had improved and now they have time to talk with people. One member of staff told us, "Yes, it's much better now than it used to be. We have a lot of new staff now so we hardly use any agency staff. I have enough time to spend with the residents."

The home also employed a chef, kitchen staff, housekeeping and laundry staff, an activity worker and a maintenance person. This meant that the care and nursing staff were focused on providing care for people. Dependency tools were used by the manager to calculate the number of care hours needed to meet people's needs, these were reviewed regularly. The manager had recruited staff for a two-light shift as this had been an area identified previously where people were waiting longer for call bells. The two light staff had



reduced the length of time call bells were answered. Call bell audits were undertaken regularly and we could see that call bell times had reduced since the last inspection. We saw that care and support was provided when it was required and staff were always available in communal areas. The rotas and our observations on the day confirmed that the agreed staffing levels were consistently maintained.

People were protected from unsuitable staff because safe recruitment practices were followed before new staff were employed. Staff recruitment records contained information to show us the provider took the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph, written references, checks on eligibility to work in the UK and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The manager ensured that when recruiting nurses their registration was checked with the Nursing and Midwifery Council (NMC).

People were protected from avoidable harm because staff had a good understanding of what types of abuse there were, how to identify abuse and who to report it to. Staff were aware of the home's whistle blowing policy. A staff member told us, "It could be a bruise, anything, mental, financial, emotional. Anyone is at risk. I would report to senior nurses up the hierarchy, CQC or the Police." Staff told us that they had training in safeguarding and this was confirmed by the training records we saw.

There was guidance and information provided to staff, relatives and people about how to report concerns to outside agencies. Staff knew that there were telephone numbers of the local safeguarding team and CQC to contact if required. Safeguarding information and whistleblowing information was displayed in the main corridor of the home. The manager had notified us when safeguarding concerns were identified and ensured that plans were in place to reduce the risks of harm to people.

Medicines were stored, administered and disposed of safely. We observed medicines being administered to people. Medicine Administration Records (MARs) were signed by staff and there were no omissions. Staff had knowledge of the medicines that they were administering and explained to the person what the medicine was for. The administration and storage of medicines followed guidance from the Royal Pharmaceutical Society.

Medicines were stored safely in locked cabinets when not in use. Medicines were labelled with directions for use and contained both the expiry date and the date of opening, so that staff would know they were safe to use. When medicines were stored in a fridge this was not used for any other purpose. Temperatures were taken daily to ensure that the medicine was kept at the right temperature.

For people who needed medicines that are 'as required' (PRN), there were guidelines in place to tell staff how and when a person should receive it. Staff were knowledgeable about the medicines they were giving. Staff received regular training or updates in medicines management and all staff had their competency checked by the manager as part of the supervision process.

The manager had systems in place for continually reviewing incidents and accidents that happened within the home and had identified any necessary action that needed to be taken. Staff told us how they would respond to an incident or accident and understood what to do in emergency situations that included accidents and falls.

Staff made sure that people were safe in their rooms. Staff checked that people had the call bell within reach when the staff left the room. However, some relatives told us that this was inconsistent and their loved ones did not always have the call bell within reach.

People would be kept safe in the event of an emergency and their care needs would be met. The service had a plan in place should events stop the running of the service. We saw a copy of this plan which detailed what staff should do and where people could stay if an emergency occurred.

People had personal evacuation and emergency plans (PEEPs) which told staff how to support people in an emergency or in the event of fire. Staff confirmed to us what they were to do in an emergency. A staff member told us "We have to ensure the fire doors are shut. The manager has a sheet that is passed to the fire brigade which tells what support people need."

# Is the service effective?

## Our findings

At our previous inspections we found a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staff skills and knowledge to be able to care for people effectively. The provider submitted an action plan to state they had met the legal requirements. We saw that improvements had been made and the requirements were now met.

Staff had the right training and skills to care and support people effectively. People told us that they thought staff had good knowledge and skills to care for them. One person said, "Yes I think they are trained. They know what my tablets are for. When they lift me they use straps, and they all do it the same way." A person told us that they wished staff could improve their knowledge about their health condition. We discussed this with the manager who told us they would set up some training sessions for staff.

Staff training consisted of mandatory training such as moving and handling, fire safety, first aid awareness and mental capacity. Staff told us that the training had improved and that there were more practical sessions. Nurses received clinical skills training such as wound care and catheterisation. A staff member told us "Since I have been here I have done training in catheterisation, venepuncture, end of life care and I've just done training on nutrition. The manager is very good. If there's training we need, we can do it." The nurses also told us the manager had supported them in preparation for revalidation with the nursing and midwifery professional body (NMC).

The manager told us that new staff had undertaken an induction. New staff that started at the home completed an induction programme and the Care Certificate. This is a nationally recognised set of standards and competencies for care workers. Induction consisted of attending mandatory training and new staff shadowing other staff members for up to two weeks, to observe the care and support given to people prior to them caring for people on their own. A staff member told us "It was great. I did a lot of shadowing and we have two nurses on duty so you are never alone. I never felt on my own; there was always someone I could speak to".

People benefitted from staff having supervision and an annual appraisal. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. This was confirmed by staff and records maintained at the home. A staff member said, "I think it's good. I can say what's on my mind and it's open and honest".

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. Where people lacked capacity staff had completed mental capacity assessments and best interest decisions for people, regarding decisions about their care, including the use of bed rails. Where relatives were making decisions regarding a person's care, the manager now ensured that relatives had the appropriate legal authority to do so.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. For example, some people were unable to consent to their care and required staff support and supervision in the home. Where people lacked capacity to understand why they needed to be kept safe the manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way.

Staff's knowledge and understanding of MCA and DoLS had improved; however, staff had varied understanding. One staff member told us "We assume capacity unless proven otherwise. All residents have capacity here." Another said "I would need to speak to the person's doctor and their relatives before we could let them take risks." We saw staff ask for people's consent before providing their care. A person told us "They [the carers] always ask me if it is okay when they do things for me. They [the carers] always ask for my permission."

People were supported to eat and drink regularly; there was a good choice of food for a healthy, balanced diet. People told us that the food was nice. One person said, "The food is lovely and there is always a variety of food to choose from." Another said, "The food is too good. I get a choice and they do ask us what food we would like." A third person said "Yes there is always a choice. We can choose what we want on the day. Can have a choice of drink with my meal, like fruit juice as well as hot drinks."

We observed a meal time. In the morning the chef went around and asked each person what they wanted for their meals that day. One person changed their mind and requested an alternative; this was done by the chef. The meal was sociable and calm. Staff supported people when they needed assistance and this was done with patience and dignity.

The chef told us that there was a four week rolling seasonal menu. Some people were on special diets such as pureed food and the chef was aware of people's allergies, likes and dislikes. Where people had a pureed lunch, each food item was kept separate on the plate so people could taste the individual components of the meal, and have different taste experiences. The staff we spoke with were knowledgeable about people's dietary requirements. They were aware of special diets some people were on and the implications of certain diets, such as soft or pureed food for those with swallowing difficulties or low calorie.

People had adapted cutlery, cups and plates when required. Food and fluid was accessible to people throughout the day. People who were in their rooms had jugs of cold drinks available to them. One person told us that their jugs of water were filled twice a day by staff. In communal areas there were jugs of cold drinks and snacks and a choice of hot drinks were served regularly.

People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. People's weights were monitored regularly and weight for people remained stable. Where weight loss had been identified, the GP was made aware and the appropriate fortified diets had been put into place.

People were supported to maintain their health and wellbeing. A person told us, "The doctor comes out if I am not well, he comes and sees me. I have been here two years and I feel I have got better since living here." When there was an identified need, people had access to a range of health professionals such as a GP, dieticians, speech and language therapists (SaLT), and physiotherapy. The GP visited weekly and when required. A health professional told us that there had been improvements across the board and that staff were co-operative and knowledgeable about people's needs.

# Is the service caring?

## Our findings

People and their relatives told us that the staff were caring. One person said "Yes they are, they are very good and marvellous." Another person said "They treat me very well here. Staff never grumble. There is nothing they could do better for me, they are all very nice." A relative said "Carers really do care."

In our previous inspections concerns had been identified that some staff did not always know people. This was due to the high use of agency staff. The manager told us that agency use has been minimised only to cover sickness, we saw records to confirm this. Improvements had been made in how staff had built up positive and caring relationships with people. Companionable, relaxed relationships were evident during the day of our inspection. People appeared relaxed and content around staff. The overall atmosphere in the home was relaxed and calm.

Staff supported people in a caring and friendly way. We saw staff using humour and touch when engaging with people. Staff regularly chatted with people. Staff stopped and talked to people in the corridor and popped into people's rooms and asked how they were. Some people used gesture and body language to communicate with staff. When staff talked to people, they allowed time for the person to process the information and time to respond. A staff member told us, "I smile at people, but also know when not to smile (as it can upset people). I greet people when I go into their room. I make eye contact with them. We tell them what we are doing, asking how they are and talk about their childhood. I let them hold my hand. It's about communicating with them and giving choice."

Staff took time to support people when they became distressed. A person became anxious as they said that they were in pain. The staff member talked to them in a calm and reassuring manner. The person responded well and became calmer. The staff member was able to explain why the person had become anxious and how to support them to make them calm. The staff member asked for a nurse to visit the person, which they did and provided the person with pain relief after doing some health checks.

Staff treated people with dignity and their privacy was respected. Throughout the day staff supported people to attend to their personal care discreetly. When staff supported people with their personal care in their rooms, they closed the door and hung a 'do not disturb sign' on the door. A person told us, "I could have privacy if I want it. When they are changing me they put the do not disturb sign on my door so no one comes in."

People's bedrooms were individually decorated and contain pictures and photographs of things that people were interested in and had chosen themselves. Relatives told us people's bedrooms were clean, tidy and could display their personal items. We saw staff talk to people using their preferred names.

People were well dressed and their appearance was maintained by staff. People wore appropriate clothes that fitted and had nicely combed and styled hair which demonstrated staff had taken time to assist people with their personal care needs.

Staff supported people to maintain their relationships with loved ones, relatives confirmed this. Relatives told us that there were no restrictions on visiting their loved ones and staff were kind and caring towards them when they visited. We saw relatives come in and visit people throughout the day.

People were supported to make choices about their day. Staff could tell us people's likes and dislikes and supported people to make choices throughout the day with where people wanted to be to food and drink. People told us that they could get out of bed and go to bed when they wished. A person told us, "Staff always seek our opinion in activities and ensure that no accidents occurred and they also ensure that all our needs are met." Another said "The staff are very good at giving me choice."

People had made choices about their care, however this was not always documented that they had. Relatives told us that they were not involved in their loved one care plans. One person said "I think I have a care plan. Very occasionally they [the staff] go through with me the care that they give me and ask if I am happy with it."

## Is the service responsive?

### Our findings

At our previous inspections we found a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to care plans not always in place and care needs not always assessed. The provider submitted an action plan to state they had met the legal requirements. We saw that improvements had been made and the requirements were now met.

Care that people received was personalised. The manager had made improvements with people's care plans. Care plans provided staff with information about people's communication, personal care, nutrition, activities and mobility needs. They provided staff with the detail they needed to provide care to people effectively. We saw that care was given in accordance with people's preferences. A member of staff told us how they got to know people. "I talk to people and read their care plans. I talk to the families when they visit. All the information about them is in the file in their rooms, their past history things like that." Improvements could be made in personalising people's care plans, to ensure they record likes and dislikes and preferences. The manager told us that the care plans were a work in progress as there was very little in place when she started.

The manager had implemented an engagement booklet, this contained some personal histories of people, which was kept in people's rooms. This record contained information on people's previous employments, their likes, preferences and choices of activities. Care staff and relatives were to document in the record when they had engaged with the person in a particular activity or chat. We saw that this occurred inconsistently.

The home operated a keyworker system. This meant that one staff member was the main contact between the person and the relative. The keyworker was also responsible for updating and reviewing the person's care plans and risk assessments. They were responsible for completing reviews of people's care plans monthly and as required, so they reflected the person's current support needs. We saw reviews of people's care had been recorded regularly.

It was not always evidenced that people and their relatives were involved in their care and support planning; this is an area for improvement. People's needs had been assessed before they moved into the service to ensure that their needs could be met. Assessments contained information about people's care and support needs. Areas covered included eating and drinking, cognition, communication, and their mobility.

We recommend that the manager ensures that people's care plans are personalised and evidenced that people and their relatives are involved in their care.

Activities for people had improved, although further work was needed and this was recognised by the manager. People had mixed reviews about the activities on offer. One person said "There's always something on. We have entertainers come in. We have entertainment, people singing; I go down and join in if I want to." Another person told us that the activities were focused on females and the home did not do enough that interested men. On the day of inspection, there was a tai chi session in the morning and a

singing session in the afternoon. Some people also made and baked biscuits. A few people went out to a tea room in the afternoon. The activity timetable was weekly and included activities such as quizzes, tai chi, and bingo. There was a weekly trip out.

People told us that they felt listened to, however there was a mixed response from relatives. Some relatives told us that they were not satisfied with how complaints had been responded to. We spoke to the regional manager and the relatives about this and she told us that she was responding to these. One person said "I do know how to make a complaint, but have never felt the need to. I think they would put things right if I did." Another person told us since they had complained about the waiting time for staff when pressing the call bell, this had improved. The home had a complaints policy in place which detailed how a complaint should be responded to. Where a complaint had been received, the manager had responded and made sure that actions were taken to make it right for the person. Staff had a clear understanding of the complaints procedure and understood that they had a duty of care to report any complaints to the registered manager so they could put things right.

The manager held regular residents and relatives meetings. We saw minutes of these meetings, items such as call bells, meals and activities were discussed. Some relatives had come together to form a 'friends of Kingsmead'. This was an informal group who had begun to meet with the regional manager and manager to provide feedback about the service.



## Is the service well-led?

### Our findings

At our previous inspections we found a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the provider ensuring that there were systems and processes in place to monitor, review and improve the quality of care. The provider submitted an action plan to state they had met the legal requirements. We saw that improvements had been made and the requirements were now met.

People and their relatives told us that they had seen improvements in the quality of care that was provided, however there were still some inconsistencies. One person said, "The managers are approachable and the relationship between staff is well established because they do interact and I have never heard them arguing." Another person said, "Yes, I think it is well managed here. It's under new management." A relative told us that they were happy with the improvements that had been made.

Staff told us that the new manager was supportive and approachable. One staff member told us, "I can talk to her [the manager], she is friendly and open. She tries to help me." Another member of staff said, "I feel supported, I can approach my colleagues to get advice or if I need help with anything. I can call on colleagues or the managers. The managers are approachable and friendly." A third staff member told us, "The managers are approachable and take on board things. If we express an idea or an opinion, they will listen."

Staff were positive about the changes and improvements that had occurred and they told us that the home was well led. One staff member commented on the improvements that had been made. "It's settling down. It's a good place to work. We have had some issues but we are getting there. There are now structures in place." Another said, "Staff are on board with the changes and are coming together."

Improvements could be made with record keeping. Some care records such as food and fluid charts and people's engagement booklets were filled out inconsistently. Some care plans were not personalised and had not always recorded people's choices and preferences. This is a records issue and no harm came to people. Some care plans did not always evidence people or their relatives' involvement. We told the manager this was a work in progress and she began reviewing this after the inspection.

We recommend that the manager ensures that care records are consistently completed to reflect the care provided.

The manager had ensured that there were systems and processes in place to monitor, review and improve the quality of care provided to people. There were various audits including health and safety, infection control and medicine audits. The regional manager completed a thorough audit based on the five key questions that CQC ask. The manager had completed an action plan, which detailed what needed to be completed, who was responsible, date action to be completed. Areas for improvement that had been identified and actioned included record keeping, and analysing oversight of incidents and accidents. The manager had introduced a resident of the day system, this meant that the person who was the resident of the day had their bedroom deep cleaned, could choose the meal and had their care plan and risk

assessments reviewed.

The manager was in the process of implementing a formal feedback process for staff, people and their relatives. The manager told us that she had hoped that the questionnaires would be ready by the summer to be sent out.

There was a positive culture within the home between the people that lived here, the staff and the manager. The manager interacted with people and staff with kindness and care. The management team had an open door policy; we saw staff regularly approach the manager for a chat or advice throughout the day. The manager walked around the home at certain times of the day to talk with people and staff.

Staff told us that there were regular team meetings. We saw minutes of staff meetings, items on the agenda included care practice issues, updates on people and training. Staff were clear about their roles and responsibilities.

The manager was aware of their responsibilities with regards to reporting significant events, such as notifications to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns.