

Innowood Limited

Kingswood House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Kingswood House Nursing Home is a residential care home providing personal and nursing care for up to 22 younger adults who have mental health needs. There were 20 people living there at the time of the inspection. Most people needed support with mental health needs and some people had complex health needs, such as diabetes.

People's experience of using this service and what we found

People were positive about the support provided at Kingswood House. People said the registered manager was very good and the staff provided the support they needed. Staff knew people very well; they demonstrated a good understanding of people's individual needs and assisted them to access healthcare services when needed.

Since the previous inspection improvements had been made regarding infection control and the management of medicines. The cleaning schedules ensures the home is clean and tidy and the risk of infection is reduced as much as possible. The management of medicines had been reviewed and we found people received their medicines when they needed them, by staff who were trained to give them out safely.

There was ongoing quality assurance and monitoring of the services provided by the registered manager and provider. Where areas for improvements were identified action was taken to address these and reviewed on the following audit to ensure the changes had been effective.

Risk assessments identified areas where people may need additional support and management plans were included in the support plans; with guidance for staff to follow to reduce risk as much as possible.

There was an ongoing training plan and staff were encouraged to develop their professional practice. Supervision and support for staff ensured they were aware of their roles and responsibilities and provided the support people needed. People were protected from the risks of harm, abuse or discrimination because staff had completed safeguarding training and knew what actions to take if they identified concerns.

There were enough staff working to provide the support people needed, at times of their choice. Recruitment procedures ensured only suitable staff worked at the home and nurses were registered with the nursing and midwifery council.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported and empowered to be involved in decisions about the support they received and how the services developed. Feedback was positive from people and staff and reflected that they worked

well together as a team to provide appropriate support and care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Requires Improvement (published 4 August 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will review the service in line with our methodology for 'Good' services.

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.

Kingswood House Nursing Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Kingswood House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, nurse and support staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training records, minutes of meetings and policies and procedures. We emailed four professionals who commission support from the service and received responses from two.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- At the previous inspection we identified that people were not protected adequately from the risk of infection; due in part to staff vacancies and insufficient staff to clean all areas when needed.
- At this inspection we found an effective cleaning schedule was in place. The three housekeeping staff worked together as a team to keep the home clean and tidy, and risk was reduced as much as possible.
- People talked about the cleanliness of the home and the improvements that had been made since the last inspection. They were very positive about the contemporary flooring and had chosen the colours used for re-decoration.
- People said, "The carpets have gone, it's much better." "They clean my room every day and if I drop anything they clear it quickly" and "It is nice and tidy."
- Staff had completed infection control and food hygiene training, and we saw staff used protective personal equipment (PPE), aprons and gloves, when they needed to. People also used PPE as they prepared their own meals or made meals with staff.
- There were hand-washing facilities throughout the home and appropriate systems to support people to launder their own clothes and bedding.

Using medicines safely

- At the previous inspection we found there were errors, such as gaps, in the medicine administration records (MAR), and there was insufficient guidance for staff when giving out 'as required' (PRN) medicines.
- At this inspection we found the management of medicines had been reviewed and staff followed a clear process for ordering, storing, giving out and disposing of medicines safely.
- One person told us, "Yes they give me my tablets and I take them with me when I go to hospital."
- MAR showed that people had their medicines when they needed them, and regular audits ensured any errors were picked up and action taken to prevent them re-occurring. For example, additional training and observations of nurses practice.
- Staff gave out medicines to people individually and asked if they were comfortable and if they needed PRN medicine. Such as paracetamol for pain.
- There was clear guidance for PRN medicines and staff explained that they recorded why these were given and if they had been effective. One member of staff said, "If we find they haven't worked we ring the GP, so they can prescribe something else."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and discrimination. People said staff supported them in such a way that they felt safe and able to make decisions about how they spent their time. One person told us, "The staff are always here if we need anything, we just have to ask." Another person said, "Yes I have just moved in, but feel safer here than where I have come from."
- Staff had attended relevant training; they understood their own responsibilities and told us what action they would take if they had any concerns. They said, "I would intervene if I thought anyone was at risk and would talk to the senior, nurse or manager" and "I haven't had any worries here and I would talk to the manager or ring social services, their number is in the office and staff room."
- The registered manager was knowledgeable about making referrals to the local authority. They had made referrals in line with current guidance and had worked with the relevant organisations to address any concerns.

Assessing risk, safety monitoring and management

- People said the staff supported them to make decisions about what they did each day and if necessary assisted them. One person told us, "I had lunch out and staff came with me as I don't know the area and might get lost. It was very nice." Another person said, "I have to use my chair with help from staff ... they know I am at risk of injury, they are very good."
- Staff had a good understanding of risk related to people's support needs and explained how they enabled people to be independent and make choices in a safe way. One member of staff said, "We get to know residents very well and they get to know us. We know some are at risk of falls or need assistance to go out and we plan support around what they want to do."
- Another member of staff told us, "Residents behaviour can change, depending on what is happening around them, we use distraction or remove them from the situation so that they and others are not at risk. Records showed clear and specific guidance regarding each person for staff to reduce this risk."
- Risk of falls had been assessed for people using walking aids, walking frames or sticks, and the layout of the home was such that this risk had been reduced as much as possible, with space between furniture and clear corridors.
- Staff had completed moving and handling training. A hoist was available to transfer people who were unable to stand safely, and staff said, "Residents can move around safely, so that they are not restricted, and they can decide where they spend their time." The weather was warm and sunny during the inspection and people spent a lot of time relaxing in the garden.
- Water temperature and legionella checks ensured water was safe for people and staff to use. Records showed equipment was regularly serviced, including the hoist and gas and electrical systems.
- The fire alarm was checked weekly and firefighting equipment maintained so that it was available and safe to use. Fire drills took place during the day and at night and identified people who refused to be involved. The registered manager developed an action plan to address this. Staff attended regular fire training and said there were personal emergency evacuation plans (PEEPs) for each person, which enabled them to support people to leave the building safely in an emergency.
- People knew that they could only smoke outside the building, to reduce the risk of fire, and we saw they followed this with most sitting in the back garden. To ensure this was followed staff checked people's room twice daily.

Staffing and recruitment

- People said there were enough staff working in the home to provide the support they needed. One person told us, "There are always staff around, you can see there is someone outside with us all the time." We saw there were enough staff so assist people when they needed it. We saw there were enough staff in the home, there were not rushed and people did not have to wait for assistance.
- Records showed that appropriate checks were in place, which ensured staff were suitable to work at the

home. References had been requested, relevant checks completed, including Disclosure and Barring (DBS – criminal record) and employment histories.

- Checks had been made to ensure staff working as registered nurses had a current registration with nursing midwifery council (NMC), which confirms their right to practice as a registered nurse.

Learning lessons when things go wrong

- Accident and incidents were recorded and included information about what happened; how staff and people had responded and what action had been taken to prevent a re-occurrence. This meant that staff and people learned when things went wrong; risk was reduced as much as possible, without limiting people's independence. For example, staff found one person smoking in the bedroom, they agreed with staff that they could take the cigarettes and lighter away.

- Records showed accidents/incidents were monitored and audited, to identify any trends. If required specific advice was sought from external health professionals, such as, an occupational therapist when people needed specific support when using chairs, to ensure they were safe.

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 best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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 respected people's choices and had a good understanding of how the MCA and DoLS was related to the support and care they provided for people living at Kingswood House.
- Records showed that mental capacity assessments had been completed for each task and decision that people might do and make. People made choices about all aspects of the day to day lives, including where they spent their time and where they had their meals.
- Where a person had been assessed as lacking capacity a DoLS referral had been made to the local authority and any conditions to meet the DoLS were being met. This included the code for the locked front door. Assessments had identified if people were safe to go out on their own, when the assessment had found they were not people were not given the code. We saw that people continued to go into town, with staff support, so there were no restrictions on them accessing the community.
- We saw staff asked people if they needed assistance and if they had everything they needed, whilst also encouraging people to do things for themselves, throughout the inspection.

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

- People's needs had been assessed before they moved into Kingswood House, to ensure staff had the skills and knowledge to provide the support they needed. One person told us, "We talked about where I should live, and this is the best place for me."
- The assessments were completed during discussions with the person concerned and their relative if

appropriate. Additional information was also obtained from health and social care professionals involved in commissioning a placement at the home. This ensured a person's needs were clearly identified, and all those involved agreed Kingswood House was the best place to meet the person's needs.

- People were encouraged to visit the home and move in for short periods, to get to know people and staff. This helped them, and professionals, decide if the service offered the assistance and support they wanted.
- Information from the pre-admission assessment was used to start each person's support plan. These were then developed after people moved in and included details of their specific needs and risk assessments. The support plans were discussed and reviewed regularly with people and updated as their needs changed.

Staff support; induction, training, skills and experience

- People said staff knew about their individual needs and had the skills to provide the support they wanted. One person told us, "Yes they are very good. They know exactly what we need, very nice." We saw that staff supported people in the way they wanted and showed clear knowledge of people's needs.
- Staff said they had regular training and updates, which they were required to attend. The training plan showed staff had completed relevant training including health and safety, first aid, control of substances hazardous to health (COSHH), epilepsy and rescue medicines, tissue viability, equality and diversity.
- Training that reflected the complex needs of people living at Kingswood House was also arranged. Such as understanding challenging behaviour and using distraction to reduce it; mental health awareness and tissue viability for people at risk of pressure damage. Staff said training was face to face rather than on line, so they had opportunities to talk about the training and ask questions.
- Staff said they had regular group and individual supervision. The staff meetings were used as a form of supervision and this was recorded on the minutes of the meetings. In addition, staff had one to one supervision, which gave them an opportunity to discuss their practice, to develop their skills and knowledge as well as any suggestions they had to improve the service. One member of staff told us, "Yes I have regular supervision and we can sit down quietly and talk about my work, the home and residents." "Another member of staff said, "Yes have regular supervision but we can talk to the manager at any time, she is always available to discuss any issue."
- New staff completed induction training; working with more experienced staff as they got to know people living in the home and other staff. One member of staff said, "I worked with senior staff for a week as I got to know the residents and they got to know me and we built up trust. It was very good, and I learnt a lot about talking to residents and respecting them to get the best response. Just like with us."
- Nurses were supported to keep up to date with their practice and clinical supervision was provided to assist them with this.

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

- People said the food was good; they had discussed the menus at the resident's forum and could choose from the meals on the board in the dining room or ask for something else.
- One person said, "The meals are very good. We can have what we want." Another person told us, "I make my own sandwich.... like to eat in my room."
- People chose where to eat their meals and most used the dining room. They sat together socialising and talking to staff as meals were provided and if they chose to eat their meals at a different time they were kept for them to have later.
- Specific diets were catered for including wheat and gluten free, vegetarian and soft diets. Staff knew about people's likes and dislikes and offered meals with these in mind. If people asked to prepare and cook meals with staff, or for themselves, risk assessments had been completed to reduce risk as much as possible.
- People's diet and weight was monitored, nutritional assessments had been completed and staff who explained, "We keep an eye on what people eat when they go into town and bring snacks back to the home." Staff said, "It is up to them what they eat, we offer nutritious and healthy meals here and encourage them to

eat them, but it is their decision" and "If we think there is problem we talk to the GP or other professionals."

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

- The home had been adapted to meet the needs of the people living there. A converted older building, it had large communal areas on the ground floor and had been re-decorated and updated with new flooring, curtains and chairs.
- The layout and arrangement of furniture was appropriate to meet each person's needs and enabled them to move around their room and the home using walking aids and wheelchairs if needed.
- Bedrooms had been personalised with ornaments, pictures and furniture of people's choice. They reflected people's preferences and varied from minimalist to busy styles. One person told us they liked their room very much and said, "I feel safe there."
- One bedroom had been damaged during a flood. It was being refurbished and redecorated with a new carpet in the colour chosen by the person who would use it as their bedroom.
- The registered manager discussed the ongoing improvements at the home and the plans to re-arrange the layout of the rear garden, so that people using a wheelchair or walking aids could access the raised grassed area.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- People had support from appropriate health and social care professionals to maintain and improve their health and well-being.
- People said they could see their GP when they needed to and attended other appointments with the support of staff. One person told us, "I go to the hospital regularly, they make sure I am ready and look after me."
- Referrals had been made for specialist advice and support as needed. Such as the community mental health team and tissue viability team. Any changes in support were recorded in the care plans and communication book and also discussed at handover.
- Where people had diabetes, they were supported by staff to check their blood sugar levels and follow an appropriate diet. Staff were aware of the range blood sugars should be for each person and where people's levels were unstable they offered guidance and support, but also respected people's choices, as they had capacity to make decisions for themselves.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw that there were good relationships between people and staff. Conversations were friendly and relaxed, people spoke about what they had done when they went into town and there was laughter and joking. One person said, "It is good to have a laugh, makes you feel better."
- People said the staff were very supportive and caring and looked after them very well. Staff were respectful when people did not want assistance and were discrete when they asked people if they needed support with personal care.
- Professionals were positive about the care provided and said the staff were 'open and inclusive and helped people as much as they could'.
- Staff told us they enjoyed working at the home and felt they worked very well as a 'good team', which included people and their relatives. One member of staff said it made them feel good when people had been supported to do what they wanted to and had had a good day.
- Staff knew people very well, their preferences and what was important to them. They had a good understanding of dignity, equality and diversity and we observed they supported people equally, and with respect, during the inspection.

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

- People made decisions about all aspects of the care and support provided. A number of people were independent and decided how they would spend their time, in the home or going into town.
- Other people needed assistance with personal care and moving around the home safely, and we observed staff asking them what they wanted to do and if they had everything they needed. One person told us, "I rely on them really for most things, they are good to look after me."
- People were encouraged to put forward opinions about the care offered, this included if they had preference for male or female care staff, and these were recorded in the care plans.
- Staff understood the importance of confidentiality and knew who could legally access people's personal information. One member of staff told us, "We have a confidentiality policy which we are given when we start, so we know from the beginning the importance of keeping information private and only discussing it with the resident or other staff in private." Support plans and records were kept secure in a locked room.
- There were no restrictions on visitors and relatives and friends could visit at any time. Staff were aware of the importance of people maintaining relationships with those that were important to them, and one person told us their relative would be visiting soon.

Respecting and promoting people's privacy, dignity and independence

- People said staff respected their choices and encouraged them to be independent. One person told us, "I can decide what I do." Another person said, "I need help with most things, they are very good they respect me and always ask first."
- Staff explained how they supported people while respecting their dignity and privacy. Such as ensuring bedroom doors were closed when assisting people with personal care, and we saw staff talking discretely with people about their support needs.
- People were involved in decisions about the support they received, their preferences were included in the support plans and it was clear these had been discussed and agreed. For example, how often people wanted to be checked at night. One person who preferred their door to be closed at night had agreed to half hourly checks.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People said staff provided the support and care they needed. They told us, "Yes we are well looked after here," "I think they are very good" and "I get the care I want."
- Support plans were personalised to meet people's individual needs. They included information about personal care, mobility, nutrition and physical and mental health needs; with clear guidance for staff to follow. They were reviewed regularly with people and/or their representatives and when people's needs changed.
- Staff knew people very well and spoke knowledgeably about their physical and mental health needs and how they supported them to make decisions and take risks in a safe way. This included setting goals using the 'Recovery Star' process, which focuses on the main aspects of people's lives, including living skills, relationships, addictive behaviour, identity and self-esteem, managing mental health and physical health and self-care.
- Staff said they discussed people's goals with them; they supported them to work towards them as their keyworker, and records showed these discussions promoted positive outcomes for people. One member of staff told us, "We work with people to prepare food, do their laundry, go shopping, anything that promotes their independence and encourages them to make decisions" and "I think it works really well."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's different communication need were recorded in their support plan and staff were aware of these. One member of staff said, "It includes making sure residents have their glasses on." The registered manager said they were developing hospital passports, so that hospital staff were made aware of people's specific need when they attended for treatment.

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

- People's hobbies and interests were recorded in their care plan and they were supported to continue with these if they chose to. An activity programme was being developed.
- Although the activity organiser was not working on the day of the inspection there was evidence of art and

craft work, there were games available for people to participate in if they wished, CDs and DVDs.

- On the day of the inspection the weather was sunny and warm, and people chose to sit outside in the garden, go shopping, go out for lunch or just for a walk. Music was playing, based on people's choices and some people chose to sit quietly in the lounges watching TV.
- Staff said people chose what they wanted to do each day, "It depends on how the residents feel on the day, it is up to them and we can support them to do anything they want to do."

Improving care quality in response to complaints or concerns

- People said if they had any complaints they would talk to staff and when asked if they had any concerns or complaints they told us, "No I don't think so" and "Not now."
- Professionals said they had no concerns about the support provided at the home.
- A complaints policy was in place; it was displayed on the board near the entrance and included in the information given to people when they moved into the home.
- The registered manager said there had been no formal complaints since the last inspection and if any issues or concerns were raised these were dealt with immediately so that they did not escalate.

End of life care and support

- Staff had completed end of life training and said as far as possible people were supported to remain at Kingswood House when their health needs changed.
- Care plans showed some people had discussed their end of life wishes, including do not resuscitate decisions, whilst other had chosen not to and staff respected this.
- No-one was receiving end of life care at time of the inspection; although people were receiving palliative care and support was planned to meet their needs at this time

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now 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; continuous learning and improving care

- At the previous inspection we identified that improvements were needed in the quality assurance process. This was because it had not identified the infection control system was not effective and the management of medicines was not consistently safe.
- At this inspection we found the quality assurance process was effective and had monitored all aspects of the services provided at Kingswood House. Improvements had been made to the cleaning schedule and risk of infection had been reduced. The management of medicines had been reviewed and audits showed medicines were well managed.
- Audits completed by the registered manager included care plans, health and safety, environmental, fire systems and meals. The nominated individual (NI), the responsible person within the organisation, also carried out regular audits and fed back to the registered manager improvements that were needed. For example, there was no 'To take out' medicine policy in place to ensure medicines were available for people if they were away from the home on holiday or visiting relatives. A policy for this had been added to the medicines policies.
- The management structure was clear, with lines of responsibility and authority for decision making. The registered manager was responsible for the day to day running of the service. The deputy manager or nurses took this responsibility on when the registered manager was not working. Nurses were responsible for managing medicines and supporting people with their nursing care needs, such as blood sugars and dressings. Senior support staff allocated work to staff, who provided care and support and reported any changes or concerns to senior staff, nurses or the registered manager.
- Staff were aware of their own roles and responsibilities and said they all worked well as team. One member of staff told us, "I am a senior support worker, so I allocate work and make sure everything gets done and residents have the right support. I think it works really well."
- Staff said they were encouraged to put forward suggestions for training they thought would be useful or that they were interested in, and the registered manager would arrange this. One member of staff told us, "We are continually learning as we work towards improving the support and care we provide."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People told us the staff provided the support they needed and consistently asked them if they needed assistance, if they had everything they needed and what activity did they want to do.
- Feedback from people was positive, we saw staff provided the support people wanted and continually asked if they were comfortable throughout the inspection. Staff clearly showed that people were included and empowered to make decisions.
- The registered manager understood their responsibility under duty of candour. Relatives were informed of any changes in people's needs, with their agreement.
- The registered manager sent in notifications about issues at the service that might impact on people or staff, as part of their regulatory responsibility.

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

- There was a positive culture at the home; all staff said they enjoyed working there; they and the people living there felt involved in decisions about the services provided and how they developed.
- The registered manager said they continually looked for areas where improvements were needed and encouraged people, relatives, professionals and staff to put forward suggestions or raise concerns. For example, people had recently suggested different meals at lunchtime.
- People and staff said the registered manager was very approachable and responded promptly if they had any suggestions or worries.
- Regular residents forums provided formal opportunities for people to discuss their preferences and put forward ideas for improvements. From the minutes of the meetings people had asked for trips out, music at mealtimes and suggested changes to the menu. These were being arranged.
- Staff meetings gave them an opportunity to keep up to date with any changes and discuss concerns or suggestions they might have. Although staff also said they could talk to the registered manager at any time, "There is an open-door policy for everyone, including residents."
- Surveys and satisfaction questionnaires were used to obtain feedback from people, relatives, professionals and staff. The results of the staff survey were available during the inspection and they showed that overall staff were positive about the management of the service, the training provided and their role in the home. Areas where the response was not as positive were to be discussed with staff and further feedback obtained.

Working in partnership with others

- The registered manager and staff worked closely with health and social care professionals and the local community, including day care centres that people may want to attend.
- Handover sessions at the beginning of each shift enabled staff to discuss people's needs, if they changed and how these changes would be met.
- Appointments with GP's, chiropodists and dentists were arranged as needed and referrals were made to physiotherapists and speech and language team as required. Records showed professionals had visited and if any changes in support need had been agreed and actioned. Such as changes in medication.
- Staff had a good working relationship with the local authority and they sought feedback from the safeguarding team, to ensure they were following current guidance.