Akari Care Limited

Coble House

Inspection report

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Ratings

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

Overall summary

This unannounced inspection took place on 15 and 21 July 2015. We last inspected Coble House in June 2014. At that inspection we found the service was meeting all the regulations that we inspected.

Coble House provides residential accommodation and nursing care for up to 52 people, some of whom are living with dementia. At the time of our inspection there were 40 people living at the home, although two people were in hospital.

The service had a registered manager in post. 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.

Staff knew about safeguarding procedures and what to do if they had any concerns. We saw evidence that thorough investigations had been carried out in response to safeguarding incidents or allegations.

Summary of findings

Medicines were generally managed appropriately, with people being given the opportunity to self-medicate where they were able.

Risk assessments were in place and these were regularly reviewed and updated as changes occurred. The service had emergency contingency plans in place. The plans detailed what staff would do in particular emergencies. Accidents and incidents were recorded and monitored for trends and checked through regular audits of the service.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Staff had the skills and training required to adequately support the people in their care. Staff felt supported and received suitable and regular supervision and yearly appraisals.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). Staff followed the requirements of the Mental Capacity Act 2005 (MCA) and DoLS. MCA assessments and 'best interests' decisions had been made where there were doubts about a person's capacity to make decisions. Applications to the local authority had been made where a DoLS was required and there were three authorisations in place. We observed people consenting before support was commenced.

People told us they enjoyed the food and refreshments at the service. People received enough support if they needed it and special diets were available for the people who required them.

Access and appointments to healthcare professionals were made available to people who asked or for those who needed additional support.

People and their relatives and visitors told us staff were very caring. We observed warmth and kindness shown to people throughout our inspection.

People's dignity, privacy and respect were maintained by staff. We saw staff being discreet and remembering to speak quietly when asking people about supporting them with personal care when in the company of others.

Care was planned and regularly reviewed to ensure it met people's needs.

A good and varied programme of activities was available for people to choose from should they have wished to participate. The home had an activity coordinator who was well liked and ensured there was a full range of different entertainments for people to enjoy.

We saw a copy of the provider's complaints policy and procedure and people knew how to make a complaint if they needed to. The provider had also received many compliments about the support provided by the staff to people in their care. People had a choice of what they had to eat or what they wanted to do.

Meetings were held for people and their relatives and also for staff and all concerned had a chance to air their views and improve quality. Surveys were also completed to support this process.

The provider had systems and procedures in place to monitor the quality of the service provided. When issues or shortfalls were identified, corrective actions were taken.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Medicines management was completed safely.

Staff were aware of their safeguarding responsibilities and knew what to do if they had any concerns. All accidents and incidents were recorded and monitored and risks had been assessed appropriately.

Emergency procedures were in place to keep people safe.

There was enough staff to respond to the needs of people and safe recruitment procedures were in place to ensure suitable staff were employed.

Good

Is the service effective?
The service was effective.

There were induction and training opportunities for staff and staff told us they were supported by their line manager.

The registered manager and staff had a good understanding of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 and these were applied in practice.

A range of suitable food and refreshments were available throughout the day and people where supported to eat and drink where necessary

Good

Is the service caring?
The service was caring.

People and relatives felt staff were caring and we observed warmth and kindness being shown to people. People were treated as individuals with respect and dignity.

People and their relatives felt involved in the service and information on advocacy services was available.

Good

Is the service responsive?
The service was responsive.

People and their relatives were involved with people's care needs and choice was given in people's day to day lives.

There was an activities coordinator employed at the service to provide a range of varied and stimulating activities and events for people to enjoy.

The provider's complaints procedure was available and people and their relatives were aware of how to complain.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

Relatives told us they had confidence in the registered manager and the staff team and found them to be approachable and responsive.

Meetings and surveys were completed with people, visitors and staff to improve the running of the service with the majority of comments being positive.

The provider had a quality assurance programme and actions were made, monitored and followed through to completion.

Coble House

Detailed findings

Background to this inspection

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

This inspection took place on 15 and 21 July 2015 and was unannounced. The inspection was carried out by one inspector, one specialist advisor and one expert by experience. A specialist advisor is a person who specialises in a particular area of health and social care, for example medicines, moving and handling or quality assurance. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. At this inspection the specialist advisor focused their attention on quality assurance and the expert by experience concentrated on gaining the views of people living at the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.'

We reviewed other information we held about the home, including the notifications we had received from the provider about deprivation of liberty applications and serious injuries. We also contacted the local authority commissioners for the service, the local safeguarding teams, the local Healthwatch and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services. We used their comments to support our planning of the inspection. On the day of our inspection we spoke with a district nurse who was visiting the service.

During this inspection we carried out observations using 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 spoke with 19 people who used the service and seven family members and friends. We also spoke with the registered manager, the deputy manager, three nurses, the head chef, the activities coordinator, the administrator and six other members of care staff.

We arrived at the service early in order to speak with the night shift staff and to sit in at the hand over from night to day shift.

We observed how staff interacted with people and looked at a range of records which included the care and medicines records for nine of the 40 people who used the service, six staff personnel files, health and safety information and other documents related to the management of the home.

Good

Is the service safe?

Our findings

People told us they felt safe. One person told us, "You can't fault the staff or the food or the care – it's great, just great, I'm as safe as you can be anywhere." One relative said, "We visited a few homes before we chose this one. It looks and smells clean, the staff are wonderful, I've got peace of mind and mam is safe and quite happy."

Medicines were ordered and stored correctly. Room temperatures were monitored and maintained at a level to ensure the effectiveness of the medicines. The security of the room was constant with keys under the control of the nurse in charge.

Some people self-administered their prescribed medicines, for example inhalers. This was encouraged to support people's independence and the information to support this was included in the care records of people. We saw one person refused to take a particular medicine and the nurse marked the refusal correctly on their records and the medicine was taken for destruction.

We found that medicines awaiting disposal were stored in tamperproof containers but not within a locked cabinet in the medicine room. The medicines room itself was secure. This meant they were not fully secure and kept in line with National Institute for Health and Care Excellence (NICE) guidance. The purpose of NICE guidance is to provide recommendations for good practice on the systems and processes for managing medicines in care homes.

Medicines records were completed correctly and included specimen staff signatures, pictures of the person receiving the medicines, allergy information and other information, such as how the person preferred to take their medicines.

We saw that not everyone had care plans or risk assessments in place for the medicines needs that had been identified, including one person who was prescribed Alendronic Acid. Alendronic Acid is a medicine prescribed to people to reduce the risk of broken bones and for osteoporosis and needs to be taken at particular times of the day. We spoke with the registered manager about this and when we returned on the second day of the inspection these had all been modified and updated.

One person who was in their bedroom, had been left their medicine and it had been signed for by the nurse as taken but it had not been. The nurse said the person liked to take their time with their medicines. We spoke to the registered manager about this and she confirmed that this is not normal practice. We looked at the person's care records and it was recorded that the person took time to take their medicines and what staff should do. On the second day of the inspection the registered manager confirmed that the nurse had this issue discussed with them and assured us it would not happen again. We did not see this practice occur with any other person and seven people we spoke with confirmed that staff stayed with them until they had taken their medicines.

On one occasion the nurse giving out medicines left the medicines trolley unlocked outside of a person's bedroom while they were inside giving the person their medicines. We watched as other nurses completed their medicines rounds and found this was not normal practice. We spoke with the registered manager about this and they assured us that this was not normal practice and were surprised at our findings. They spoke with the nurse in question who was very apologetic and said they normally lock the trolley but had forgotten on that occasion. We were assured that this was not a normal occurrence and people were usually protected by the medicines trolley being locked while left unattended.

There were regular checks on medicines, including daily checks on controlled drugs and monthly medicines audits. The registered manager was found to be very responsive to the small number of issues that we identified and put corrective measures in place almost immediately.

Discussions with nursing and care staff indicated a good awareness of both the expectation on them to report, and the process of reporting or highlighting incidents or concerns regarding safeguarding issues. Scenarios were discussed and appropriate answers were given. Staff had an understanding of various forms of abuse, including, physical and verbal, and of the potential abuse from other staff, family or visitors. Staff were aware of the need to be open and report errors or omissions.

Risk assessments were completed for individuals, including those at risk of falls or those at risk of malnutrition or choking and these were reviewed regularly. The service also had general risk assessments in place, including an up to date fire risk assessment and legionella risk assessment.

Fire drills were also completed at various times of the day and night and response times were recorded as

Good

Is the service safe?

satisfactory. Kitchen staff told us that they have to cut the gas off when a drill occurs to replicate what would happen in a 'real' emergency. Staff told us they never know when a drill will happen so "It keeps us on our toes."

The registered manager and provider carried out a number of maintenance and safety checks to ensure the premises was fit and safe for people to live in. These checks included a five year electrical installation condition report, monthly and weekly checks on fire systems and various testing and service checks on equipment used, including lifts and laundry equipment.

The provider had emergency contingency plans in place and two staff gave an example when they had to use this process to evacuate the building when it became flooded. They told us that the whole building was evacuated and people relocated due to flooding in the area. They told us, "At least we know the system works." The registered manager told us she would be confident that if an emergency arose, staff would be able to manage very well. We noted that flood repairs in the area were currently underway to stop future floods from occurring.

Accidents and incidents were reported, recorded and monitored. 10 had occurred in May and we saw these had been reviewed by the registered manager and steps identified to reduce the likelihood of a reoccurrence. For example, we looked at a selection of accidents that had occurred, including a serious fall which had resulted in a fracture. We found the accident record and looked back at the person's care records to ensure that appropriate actions had been taken, which they had. We tracked the accident through the reporting system and confirmed it had all been recorded and monitored appropriately.

Safe recruitment procedures were followed, including appropriate selection and interviewing processes. We confirmed that pre-employment checks had been completed for all staff employed at the service which involved Disclose and Barring Service checks. All staff were subject to a probation period before they became permanent. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties before they started work and before they were made permanent members of staff. The registered manager had nurse PIN numbers checked every month to ensure they were still registered to perform their nursing duties. All nurses and midwives who practise in the UK must be on the Nursing and Midwifery Council (NMC) register and are given a unique identifying number called a PIN.

A relative told us, "There's been a bit of a change in nurses but the nurses and the care staff are excellent. "[Staff name], the activities co-ordinator is brilliant." One person told us, "There's a few of the young ones leaving because they're going off to university to train as nurses." We looked at four weeks of staffing rotas and found that suitable levels of staffing were maintained throughout and this matched with the needs of the people at the service.

Staff did not appear rushed, and care was delivered in an un-hurried manner. Call bells did not appear to be ringing excessively, and the general atmosphere in the home was calm.

The general cleanliness of the home was of a good standard and there were no unpleasant odours throughout. Staff were observed washing their hands at appropriate times, for example after providing personal care or during medicines 'rounds'. Gloves were used by all staff when required and there appeared to be adequate supplies of aprons and gloves.

Good

Is the service effective?

Our findings

People and relatives thought the staff were effective in their work and were knowledgeable about their role and were able to demonstrate practical skills to be able to support them. One person said, "They are smashing lasses, they know exactly what they are doing, they are very good."

Staff we spoke with had a good range of skills and competencies acquired internally and externally and we saw these demonstrated during the visit. One relative said, "Mam has a specific medical condition and they [staff] researched what type of sling she needed for the hoist and they made sure the staff knew how to use it." Care staff were observed moving and handling people during the day in various areas within the service. This involved the use of hoists and transfers to and from wheelchairs. During these observations, all procedures were undertaken in a safe and correct manner, and clear explanations were given to the people they were supporting. Sufficient hoists were available to ensure they were close at hand for staff. Records confirmed they were subject to regular maintenance checks.

A full induction was completed with all new staff. Staff told us they had received training in moving and handling, basic first aid, infection control and end of life care. Records confirmed that staff had received appropriate up to date training to support them in their role and where refresher training was required this was booked to take place over the coming few months. We confirmed in the services development plan that the registered manager was monitoring the levels and quality of training and it had improved over the last year.

Staff received regular supervision and yearly appraisals. Two nurses told us they regularly met with the registered manager and felt very supported and could go at any time and ask for additional help or advice. We noted that one staff member was working a 'keeping in touch' day during our inspection. This formed part of a phased return to work after being off for an extended period. Other staff confirmed they felt supported and received regular supervision and yearly appraisals. The registered manager kept a record of when supervision and appraisals were due and we saw records of meetings to correspond with the dates recorded.

From the nursing perspective, both nurses indicated that they met regularly, with the registered manager, and felt they could be approached at any time in relation to care or personal issues. One of the nursing staff was in work as part of the 'keeping in touch' process whilst on maternity leave, and would be returning to full time work in the near future. This showed that the registered manager ensured staff were supported back into work after a period of extended absence.

We sat in at the morning handover from night to day shift and listened as the nurse in charge explained the current situation with each of the people under their care. The handover was done both verbally and in recorded format. Any issues that needed to be addressed that day were explained. For example, the nurse explained that one person had complained of sore feet and another was still in hospital. This meant staff had up to date information before they started their shift which helped them better plan what needed to be done.

The majority of people we spoke with said they enjoyed the food that was prepared for them. Comments included, "It was good, very nice"; "I always enjoy my meals, they're always nice – apart from the odd occasion"; "You can't fault the food." Although one person did say, "The foods alright but it's not how I make it." One relative told us, "Mam has a soft diet and it's difficult to make it look good but she enjoys it and is quite happy with it."

People received their meals in an unhurried fashion. Staff supported people where the need had been identified and we saw staff helping and encouraging people in the dining room and also in their own bedrooms. Conversations were taking place between staff and people and the atmosphere was that of a social event and not merely a task that staff needed to finish. People had the choice of a number of food items and when we spoke with the head chef, she told us, "I meet with residents regularly to find out their preferences, it's important." The head chef explained that she kept records of people's food preferences and any dietary needs or allergies and ensured that people receive the correct food and items that they liked. She said, "Some people are on pureed foods and I try to make it look as appetising as possible."

People's dietary and hydration needs were met. During the inspection we observed two meal time experiences and during other times of the day, staff provided people with hot and cold drinks and snacks. Food and fluid charts were

Good

Is the service effective?

completed which showed that adequate amounts of food and refreshments were available and given to people. A friend of one person told us, "He's put on weight since he's come in and he's happier than he was at home." We noted that where people were at risk of malnutrition, referrals had been made to other appropriate healthcare professionals to ensure people were supported where necessary.

People and relatives told us the staff were good at contacting doctors or hospitals if that was needed. There was clear evidence of visits and contact with healthcare professionals when additional support was required for people. For example, social workers, dieticians, community psychiatric nurses, physiotherapists and GP's were all noted in records as having supported individuals with their care. The service had information on the "Position Right to Outsmart Pneumonia" [PROP] pilot. This pilot was aimed at helping to reduce the risk of acquiring pneumonia and involved staff raising the heads of people's beds to 30 degrees. A staff member explained that people's lungs do not work as well if they are lying flat which increases their risk of infection. We saw that information was displayed around the service about PROP and staff were knowledgeable about the correct positioning of people in bed when we asked.

CQC Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. In England, the local authority authorises applications to deprive people of their liberty. Staff had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS), although were not sure about the application process as that was normally completed by the registered manager. There had been three applications made and authorised to deprive people of their liberties and these were all in order and correct. We noted that care plans had been produced for all three people subject to a DoLS authorisation. This information supported staff to recognise and support people's individual needs with these restrictions placed upon them.

People were observed agreeing with staff that they could provide them with support before the staff member performed a particular task. Records showed that consent had been given in most cases and where people were not able, best interest decisions had been made. Where best interest decisions needed to be made for people, these were recorded and acted on appropriately.

Doorways were wide and flooring was suitable to allow the free movement of wheelchair uses and people using other mobility aids. Window seats were available on the upper floor to allow people to have views out over the garden areas. The registered manager confirmed there were future plans to make the service more dementia friendly than it currently was, including better signage and better garden facilities.

Good

Is the service caring?

Our findings

Comments from people included, “They always pass the time of day with you but they’re very busy”; “All staff seem to put that extra effort in to make things work”; “The staff and the care they give is tremendously good”; “It’s lovely here, I love it, the staff are very nice people, they’re all very good, everything is great, I’ve no complaints”; “You’re very well looked after here” and “I can’t judge the staff yet as I’ve not been here very long but they seem ok so far.”

One relative told us, “My mother receives care that is second to none. The staff are so giving and caring.” Another relative said, “Staff are great they’re caring, helpful and mam is well cared for. The communication is great and some of the younger staff especially, are astonishingly good.”

One relative said, “I come and go when I want to and there’s never a problem.” Staff told us that relatives were welcome to stay during meal times and have meals (at a small cost) with their relative. One staff member told us that last Christmas the service set up Christmas lunch for a family of four so they could celebrate with their family member.

During lunch we observed two people helping other people on their table. A staff member joked with them and said, “We’ll have to get you a uniform.” The relationships that we observed throughout the inspection between staff and people living at the service was one of warmth and kindness.

Many ‘thank you’ cards were displayed within the reception area and they were all full of praise for the staff team and registered manager.

People were able to personalise their bedrooms with items that mattered to them, for example small items of furniture, ornaments or pictures of family members. We noted that the majority of bedrooms had been personalised by the people or their family members. One person said, “It’s not home, but with the bits and pieces around me it feels better.”

The service had three dignity champions whose details were posted throughout the service on notice boards. The registered manager confirmed the three staff were registered with ‘Dignity in Care’ as best practice and their role was to ensure that people’s dignity was maintained. We confirmed that people’s respect and their dignity were always preserved from the observations that we made. People told us they were able to express their views as to what was important to them in relation to their care, treatment and support needs. They said they were fully involved in making decisions about their care needs, and were encouraged by staff to remain as independent as possible.

Staff kept relatives up to date with any changes in the health and wellbeing of their family member.

One relative said “Mam can have regular seizures and they always let me know.” Another relative said “They [staff] just rang me up the other week as she [person’s name] had a chest infection. They just wanted to let me know they were starting her on a course of antibiotics. They didn’t need my permission; they just wanted to let me know.”

In the reception area of the service was information on various service’s and additional support to people and relatives within the local area, including advocacy services and information about dementia. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions. The service had their statement of purpose and ‘service user’ guide available, which gave people and their relatives detailed information about the service and how it operated. On display and available to everyone was a newsletter containing information about events and any celebrations that coming month, including birthdays. We noted that it had been a couple’s diamond wedding and staff had recorded their best wishes. A marked birthday had also been celebrated (105 years).

At the time of inspection there were no people receiving end of life care, although there was evidence in care records that plans were in place, and had been discussed with the person and their family.

Good

Is the service responsive?

Our findings

People's needs had been assessed before they moved into the service. This ensured that the staff were knowledgeable about their particular needs and wishes and knew they could meet the needs of that individual. People's care had been planned and regularly reviewed and these plans took into account people's history, preferences and what was important to them. For example, people who wanted to participate in church services were able to do so via visiting clergy to the service on a regular basis. Records had been reviewed regularly and tailored to individuals with the involvement of relatives or others where relevant. All the people living at Coble House had a key worker and in their bedrooms were details of the name of that staff member. That meant people had a named staff member to refer to if they had a query or wanted advice.

Do not resuscitate forms were in place for people who wished them to be or for those people where it had been taken as a best interest decision with the involvement of the person's family and other relevant professionals. These forms were placed in a predominant position on each person's care records, so that should an emergency arise, staff would be aware of this information.

The service had regular fundraising events to raise money for the 'residents' fund. The residents fund was used to support additional activities and events at the service for the benefit of the people living there. Advertised on the notice boards and in various places throughout the service, was information about regular coffee mornings held at the service. We asked the administrator about this and they told us, "Everyone is invited, including the public."

One person said, "She [activities coordinator] gets you moving with the Zumba thing." Another person said, "We sometimes have an entertainer – I like that." There were a range of activities available within the service for people to participate in and notice boards listed what was available each day. Activities included, aromatherapy, church services, coffee mornings and various types of musical entertainment. Staff told us that some people went out to a local men's club for a pint of beer and to socialise. One care staff member told us that the aromatherapy was done by a volunteer to the service and said, "People love it."

During carer's week in June, the head chef told us the service provided a 'high tea' to celebrate this. She told us, "[Activity coordinators name] organised a singer and there was strawberries and cream." The administrator told us that a 'tuck shop' was being reintroduced to the service by the activities coordinator and said it would sell chocolates, sweets and toiletries for people to buy with any profit going into the 'residents' fund. One person told us about some eggs that had been hatched at the service and chicks were produced. They said, "They were lovely."

At the entrance to the service was an area with a tree lit with fairy lights and hanging from the tree were postcards which had been filled in by people living at the service. The post cards were provided by the sea cadets and were for people to complete who were ex- service personnel, during the war or at other times. One postcard stated that the person trained as a radar operative in the army. The registered manager explained that at different times of the year, the tree had different themes, like at Easter or at Christmas.

Near the tree was a table set up with a number of small boxes (like shoe boxes), what the registered manager and activities coordinator had called the 'museum of service user lives'. We asked the registered manager about this and they explained that people were all going to have a box of 'memories', which they (or their relatives) could fill with items personal to them, for example pictures or small ornaments which would bring back memories. Each box had been decorated and named individually. The boxes were not all finished and the registered manager told us, "It's work in progress." The registered manager also explained that the boxes (with people's permission) were going to be displayed in a local library when they were complete.

People had access to a garden area that was maintained with benches and seating areas and we observed people using it throughout our inspection, although we noted it was not enclosed. The registered manager told us that they planned in the future to enclose the garden with a fence to make it more secure. We agreed that the garden needed to be fenced to promote people's privacy and to ensure people were safe.

The registered manager showed us a crochet blanket that had been produced for the use of people living with dementia, in particular. The blanket had pieces of ribbon and material attached which were aids to stimulate sensory awareness. We agreed with the registered manager when they said, "Not everything useful costs lots of money."

Good

Is the service responsive?

People were able to choose what they wanted to do and how they wanted to do it, including where they ate their meals and if they wanted to participate in any activities. We also heard people being offered the choice of taking their medicines when they were being given out to people. Staff were also overheard asking discreetly if people wanted support to the toilet or help with other personal issues.

Complaints procedures were available throughout the service and when we asked people and their relatives if they knew how to complain, they all told us they did. One person told us, "If they didn't treat me well I would tell them – I'm not frightened of complaining." One relative told us, "I would have no hesitation in speaking with the manager. She seems very approachable and I think she is the sort of person that would deal with any complaint straight away." There had been four complaints in 2014 and one so far in 2015. All of these had been dealt with quickly and fully investigated by the registered manager and provider, with referrals made to the local safeguarding team when that was necessary. This showed the provider took complaints seriously and dealt with them effectively.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had worked at the service since 2009 and had 28 years' experience of nursing, including palliative care. She was passionate about the people under her care and told us she liked to 'keep her hand in' by supporting and caring for people directly when she had any opportunity.

The registered manager provided guidance and support to her staff team and staff told us they appreciated that. Staff told us they were motivated and supported by the way the service was managed and that they were very happy in their job. They said the registered manager led by example and was always available if they needed support.

All of the people and relatives that we spoke with were asked if they would recommend Coble House to others and without hesitation, they all said, "Yes."

We saw there were arrangements in place to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service was delivered. Surveys had been sent out and some returned for the current year. They had not been processed to analyse the responses, but we noted that 17 people, 17 staff and 13 visitors (which included relatives and professionals) had completed and returned theirs. We looked at the responses recorded and found that the majority of comments were positive. One person had been supported by their relative to write, "I think the home is perfect." A visitor had recorded, "I have always felt staff do their best under difficult circumstances." Another visitor had recorded, "All aspects of the home and staff in my opinion rate very high." A relative had commented, "Every one of the staff I have met in Coble House has been kind and courteous."

People who used the service told us they were regularly involved with the service in a meaningful way. They told us they felt their views were listened to and acted upon and that this helped to drive improvement. Meetings were held and the minutes confirmed that a variety of issues were discussed, including food and activities. The head chef confirmed that she attended people's meetings and gathered the views on preferred meals and any changes people might like to request. She told us one person had requested kippers and another egg custard and these had been offered. We noted that forthcoming meetings were not displayed and the registered manager told us that a meeting was planned for the near future and would be displayed on the notice board.

Audits were completed within the service by staff, the registered manager and by the provider ensuring that any issues were identified and actions put in place. A health and safety check was completed by maintenance staff and checked by the registered manager. The checks looked at bed rail safety, window restrictors placed correctly and checks that call alarms were in working order for example. The registered manager had signed to say they had confirmed these checks had been made. The registered manager also completed audits on care records, medicines, hand hygiene and petty cash. Quarterly monitoring visits were completed by the regional manager who checked for example, meetings were taking place for people at the service, complaints had been investigated and staff supervisions were occurring. Any issues that had been identified were recorded with actions and timescales for completion.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations such as, local authority safeguarding team and Clinical Commissioning Groups (CCG). Were understood and met. This showed us the provider had an open culture and was transparent with a wish to learn from any issues arising or improve on the service delivered. For example, the service had volunteered to be part of a programme with the CCG to monitor hydration levels of people electronically. The registered manager explained how the process worked and although there had been some teething problems with the system, the registered manager was keen to play a part in this programme of improvement.

We saw all records were kept secure, up to date and in good order. They were maintained and used in accordance with the Data Protection Act.