

Sunny Okukpolor Humphreys

Kenilworth Care Home

Inspection report

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Loftus
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Ratings

Overall rating for this service

Good ●

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?

Good



Summary of findings

Overall summary

This inspection took place on 22 March and 7 April 2016. The first day was unannounced which meant the registered provider and staff did not know we would be visiting the service.

At the last inspection on 27 April and 1 May 2015 we found the service was not meeting all the requirements of the Health and Social Act 2008. There were gaps in the records for maintenance, planned fire drills and health and safety records. There was no evidence that checks of emergency call bells and water temperatures had been carried out. Personal Emergency Evacuation Plans (PEEP) for people living at the home were not up to date. Staff training, supervision and appraisals were not up to date. Meetings for people, their relatives and staff had not taken place. Records of quality assurance visits by the registered provider were limited and no action plans had been produced where changes needed to be made. Some audits were not in place where needed. Some records looked at were inaccurate or incomplete.

Kenilworth care home provides care and support for up to 20 people in Loftus and is located off the main high street. At the time of inspection, there was 20 people living at the service. The service is set in its own grounds with gardens and there is parking available on-site.

The registered manager had started at the service as a care assistant and had worked their way up to manager before applying to become registered manager in 2010. 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.

Safeguarding alerts had been made when needed. Staff understood the procedure they needed to follow if they suspected abuse might be taking place.

Risk assessments were in place for people who needed them and were reviewed regularly. Staff understood that people could take reasonable risks.

Staff were recruited safely. There were sufficient staff on duty to provide appropriate care and support to people. The management team was also on-call out of hours to support staff.

Medicines were managed safely. Staff understood the requirements of managing medicines safely and followed procedures to make sure people had the medicines they needed.

Certificates were in place to ensure the safety of the service and the equipment used. Maintenance and fire checks had been carried out regularly by the service.

Supervision, appraisal and training was up to date and staff told us they felt supported. People told us they felt staff had the knowledge and skills needed to care for them.

People spoke positively about the nutrition and hydration provided at the service. Staff understood the procedures they needed to follow if people became at risk of malnutrition or dehydration.

Some people had Deprivation of Liberties Safeguards in place to keep them safe. The service followed the correct procedure to make sure this process was carried out appropriately and in the best interests of people.

Each person was involved with a range of health professionals and this had been documented within each person's care records. From speaking with staff we could see that they had a good relationship with the health professionals involved in people's care.

The service was spacious and people told us they could spend time in private or with other people. People had spacious bedrooms which included their personal possessions.

People spoke positively about the care and support they received from staff. They told us staff always had time for them and felt listened to.

Some people were involved in their care and made decisions about their care. Other people told us they did not want to be involved in planning their own care; they told us they were confident that staff would provide the care and support needed.

People told us their privacy and dignity was maintained at all times and staff always asked for permission before care was provided.

The service worked closely with health professionals when someone was nearing the end of their life to ensure their needs, wishes and preferences were met.

We asked the registered manager to review all care plans to check whether they remained relevant because some people had care plans in place where there were no care needs identified.

Records of life stories and care plan reviews contained limited information.

Everyone spoken with was aware of how to make a complaint if needed. People told us the registered manager came to see them every day and they could speak to them about anything they needed to.

Staff told us they enjoyed working at the service and felt supported by the registered manager. We could see from our observations and from speaking to people and staff that the registered manager had a visible presence at the service.

The staff team in place at the service worked together to meet the needs of people. All staff spoken to told us they felt listened to and saw a future at the service.

Quality assurance processes were in place at the service. The registered provider visited regularly. Meetings for people, their relatives and staff were in place which meant all were kept updated about changes occurring at the service.

The registered manager kept CQC notified of all events which had occurred at the service and was aware of the duties expected of them as registered manager.

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 safe.

Safeguarding alerts were made when needed. Staff demonstrated a good understanding of safeguarding.

Medicines were managed safely. Records and training relating to medicines were up to date.

Risk assessments were in place for people who needed them and were reviewed regularly.

Is the service effective?

Good 

The service was effective

Supervision and appraisal were up to date for all staff.

Training was up to date or had dates planned in for staff.

People were supported with their nutrition and hydration. Staff acted quickly when people needed further support with this.

Is the service caring?

Good 

The service was caring.

People were cared for by staff who knew them well. Care reflected people's needs, choices and wishes.

People's dignity was maintained when they were supported by staff.

People spoke positively about the care and support which they received.

Is the service responsive?

Requires Improvement 

The service was responsive.

Care plans were reviewed regularly. Some care plans contained limited information.

People had access to a range of activities and spoke positively about the activities provided at the service.

People told us they knew how to make a complaint and felt confident that the registered manager would act appropriately to resolve any issues raised.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff spoke positively about the registered manager. They all told us the registered manager was always accessible to them.

Quality assurance processes were in place and carried out regularly.

All staff told us they enjoyed working at the service. The service was open and transparent.

Kenilworth 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.

One adult social care inspector carried out this inspection on 22 March and 07 April 2016. The first day was unannounced which meant the registered provider and staff did not know we would be visiting the service.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service and also information received from the local authority who commissioned the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also spoke with the responsible commissioning office from the local authority commissioning team about the service.

The registered provider was not asked 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.

During this inspection, we spoke with the registered provider, registered manager, deputy manager, two staff, three relatives and three people who used the service. We reviewed three care records, staff records and records relating to the day to day running of the service.

Is the service safe?

Our findings

At the last inspection we found there was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to premises and equipment. Gas safety, chair scales and legionella certificates had expired. There were gaps in the records for maintenance, planned fire drills and health and safety records. There was no evidence that checks of emergency call bells and water temperatures had been checked. Personal Emergency Evacuation Plans (PEEP) for people living at the home were not up to date.

At this inspection we could see that the registered provider had taken action to address this. Fire safety training was up to date for staff. Planned fire drills had been carried out every three months for night staff and every six months for day staff. The registered manager told us they had a good relationship with the fire station in Loftus. They had recently attended the service to carry out a planned fire drill with staff. Records of fire drills showed which staff attended and how long it took staff to evacuate the building. The fire alarm was tested each week and checks of fire extinguishers were up to date.

Weekly health and safety checks were in place to ensure fire doors were accessible and corridors were free from clutter. Weekly checks had been completed until the end of December 2015; following this time, we found these checks were not always completed each week. We discussed this with the registered manager who told us they would take immediate action to address this. On the second day of inspection we could see this had been completed.

Up to date certificates were in place to showing the building and equipment used by the service had been checked and maintained. This included gas safety, hoists, chair scales, PAT and the communal bath. Staff also completed additional checks of stair lifts, hoists and wheelchairs to make sure they were safe and accessible to people. Water temperatures were checked each month to ensure water was safe for people to use. The service was in a good state of repair. Maintenance tasks had been completed as identified.

We were able to access the boiler room and sluice room on the first day of our visit and we found that a hoist was blocking the entrance to one of these doors. When we spoke with the registered manager they told us this was not standard practice at the service and took immediate action to rectify this during inspection. This meant that the registered manager acted quickly to minimise the risk of harm to people.

We asked people if they felt safe living at the service. Everyone spoken with confirmed they did. One person told us, "Yes I feel safe. The staff see to us all the time." A relative told us, "I feel [person using the service] is safe. I have no concerns about the home." A staff member told us, "People are definitely safe. They are well looked after. Doors are locked at night and we always have staff around to help people."

All staff spoken to had a good understanding of safeguarding and the actions they needed to take if they suspected abuse was taking place. Safeguarding alerts had been raised by the service when needed and investigations carried out by the registered manager. All staff spoken with told us they would not hesitate to whistle blow. This is when a person tells someone they have concerns about the service they work for.

Risk assessments were in place associated with the day to day running of the service. Specific risk assessments for people's individual needs were also in place where required. These included falls, moving and handling and nutrition. We could see these risk assessments had been regularly reviewed.

A small number of accidents and incidents had occurred at the service during the last year. Analysis of these had been carried out to identify any patterns and trends which would allow staff to take action to minimise the risk of harm to people. Actions had been identified and completed.

Personal emergency evacuation plans (PEEPs) were in place for each person and detailed the supported needed including any important prescribed medicines. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. This meant emergency services had the information they needed to evacuate people quickly and safely.

The registered manager told us staff turnover at the service was low. Two staff members had started work at the service during the last year. Both of the recruitment records looked at had completed applications and interview questions in place. Two references and a Disclosure and Barring Service (DBS) check had been sought prior to both staff starting employment at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. We identified some gaps in the recruitment records looked at however the registered manager took immediate action to address this. We could see people had been recruited safely.

There were sufficient staff on duty to provide care and support to people. We looked at the dependency tool and staff rotas and spoke to people and staff. A dependency tool was completed each month to determine the staffing levels needed to support people. The registered manager told us that they had a "Good team of staff who covered shifts when there was sickness or annual leave." The registered manager told us that they and the deputy manager provided on-call cover.

We asked people if there were sufficient staff on duty to care for them safely. One person told us, "Yes they've been in and out all day. I never need staff at night." Another person told us, "There is definitely enough staff." We spoke with two staff together and they told us people's needs had increased which meant that often two carers were needed to assist one person at a time. This impacted on the work staff needed to carry out during their shift. Staff told us they felt under pressure at times. We spoke with the registered manager about this. They told us they were aware of this and were working with staff to address this. They said that there were enough staff on duty to support people safely. However they were looking at how and when care was delivered and were working with staff to understand the importance of flexibility with care.

Handover was carried out at each shift. We could see handover guidelines in place which prompted staff about the information that needed to be shared. We could see that the registered manager had taken action because some staff had not been following the procedure expected.

People told us they received their prescribed medicines on time. One person told us, "They [staff] always bring my meds at the same time." Medicines audits were regularly carried out and there had been no medicines errors during the last 12 months. Only staff trained to dispense medicines did so. Five staff had undertaken a medicine competency check and three were planned to be completed in the coming weeks. This is a check to make sure staff have the knowledge and skills needed to dispense people's prescribed medicines.

Records showed that room and fridge temperatures were carried out each day. This showed that people's prescribed medicines were stored safely.

We spoke with the senior carer responsible for managing prescribed medicines. They told us people's prescribed medicines were checked when they arrived at the service and they would deal with any discrepancies with the local pharmacy or GP. We checked the prescribed medicines of three people and found that records matched the stock quantities of each prescribed medicine. This meant we could see that people had received their prescribed medicines according to their prescriptions.

Topical cream records were in place and body maps available which showed when and where they should be applied. All topical creams look at contained a date of opening.

Some people were prescribed controlled medicines. Controlled drugs are medicines that are liable to misuse. Records for controlled medicines had been completely appropriately and matched actual stock.

As and when (PRN) medicines were in use at the service. One person had a protocol in place which stated when and why they would need this prescribed medicine. We could see that one person was prescribed a PRN medicine however they always refused it. We talked to the staff member to ask whether this person needed this PRN medicine and whether there had been any review of this with the person and their GP. The staff member confirmed this had not taken place. Another person was prescribed a PRN medicine. Again this medicine was not used, however the staff member told us that the person did not have the capacity to request this prescribed medicine. There was no information on the PRN protocol to inform staff how they would know if this person would need this prescribed medicine. The service had not taken action to review this prescribed medicine with the person's GP to see whether or not it was still needed. We asked this staff member to take action to address each of these and discussed it during feedback with the registered provider and registered manager.

Is the service effective?

Our findings

At the last inspection we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to staffing because staff training, supervision and appraisals were not up to date.

At this inspection we could see the registered provider had taken action to address this. Training was up to date for most staff. Where training was outstanding, planned training dates had been booked in. Staff completed mandatory training in first aid, manual handling, fire safety, infection prevention and control, the Mental Capacity Act and Deprivation of Liberties Safeguards. Some staff had completed person-specific training in diabetes, behaviours which challenge and nutrition. The service was in the process of arranging Parkinson's disease training for staff.

We asked people if they felt staff had the knowledge and skills they needed to provide care and support to them. Everyone spoken with confirmed they did. One person told us, "They do have. If they don't know someone they go and find out."

We looked at the induction records of the two newest members of staff. The registered manager told us staff spent the first six weeks of employment completing their induction. We could see this included spending time shadowing more experienced members of staff and undertaking training. We identified a small number of gaps in the induction records; but from speaking with staff we could see that activities had been completed but records not always updated. We spoke with the registered manager and they addressed this during inspection.

An up to date supervision policy was in place which identified that supervision should be carried out every eight weeks. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff had received regular supervisions. Supervision dates for all staff were in place. This meant staff were given sufficient time to prepare for their supervision. Appraisals had been carried out for all staff.

We asked people about the nutrition and hydration provided at the service. People told us, "The food is lovely. There's always a choice of menu and I always get a drink. There's lemonade in the kitchen if I want it." And, "The food is excellent. My family can come for lunch if they want." And, "The food is marvellous. You can have what you want. I bought a fish pie from the shop and the staff cook it for me."

We spoke to staff about the action they needed to take if people became at risk of malnutrition or dehydration. Staff told us they would increase the nutritional value of foods by adding full fat milk or cream and would offer extra snacks and drinks. One staff member told us, "We weigh people each week which would flag anyone at risk straight away. I would report this to [registered manager] straight away." One staff member told us about a person whose fluid intake was being monitored because they were diabetic. The staff member told us about how the service was working alongside the diabetes nurse to make sure the person was appropriately supported with their health condition. People were regularly weighed and risk

assessments had been completed where people had been identified at risk. Food and fluid balance charts had also been completed for people who needed them. Records showed when referrals had been made to a dietician.

People told us they were supported with their healthcare needs. During our inspection we observed staff taking the action needed to appropriately support people with their health. From the care records and from speaking with people and staff we could see people had regular contact with their GP and other professionals when needed which included district nurses, chiropodists, occupational therapists and Parkinson's nurse.

Some people had a 'Do not attempt cardio pulmonary resuscitation' (DNACPR) certificate in place. We reviewed the certificates of four people and could see the people who had been involved in the decision and the reasons why the decision had been made. Staff understood the principals of the certificate and the action they followed.

People told us staff always sought their consent before any care and support was given. One person told us, "Staff ask if want to get out of bed and if I need a hand." Records of consent were in place for room keys, photographs and treatment.

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. The application procedures for this in care homes and hospitals are 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 were being met. The care records we reviewed contained limited assessments of the person's capacity to make decisions. We found these assessments were completed when evidence suggested a person might lack capacity, which is in line with the MCA code of practice.

DoLS applications were in place for people who needed them and showed the reasons why applications had been made. The service had a record in place which showed when people's DoLS were due to expire. This meant the service could take the action needed before the certificates expired.

When we spoke with staff about the MCA and DoLS they demonstrated good knowledge and understanding about this. We could see training was up to date and staff told us they could always seek advice from the registered manager or local authority if they needed to. A staff member told us, "Some people have a DoLS in place because they were found not to have capacity to make their own decisions. These people wouldn't understand about safety. We do encourage people to make decisions about day to day things, such as what to wear and what to eat."

There were 14 bedrooms on the ground floor of the service, two bedrooms on the first floor and four bedrooms on the second floor which were accessed via the stairs or stair lift. The registered manager told us that people on the first and second floors are more able and consent was sought for placing people in these rooms.

We could see that the service was in good repair and the décor was to a good standard. People's bedrooms and communal rooms were spacious and allowed people to move around as needed. We visited some people in their bedrooms and could see that they were individually decorated and people's personal possessions on display. People told us they could have visitors in their own room or within communal areas of the service.

Is the service caring?

Our findings

We asked people about the care and support they received from staff at the service. One person told us they were happy with the care and support they received. They told us, "Yes, I am absolutely. They [staff] are all very good you know." Another person told us, "I am being looked after alright. I get a bath and my hair washed. I am happy at this home. It is friendly and they [staff] are warm and welcoming. I have a laugh with the staff, some are absolutely lovely. The staff will do everything, they do their utmost. I couldn't fault them." A relative told us, "They [staff] are brilliant." The registered manager told us, "We treat residents as part of our own family. We get to know them and their families. They can stay for dinner or can stay over if they wish. We recently organised Mother's Day lunch for [person using the service's] family in the dining room. This allowed the family to celebrate this special occasion. [Person using the service] was thrilled."

The registered manager told us, "I like people to be treated with decency and dignity. How you would like your mam or dad to be treated." We asked people about staff. One person told us, "The staff always ask if I'm alright and see if I need anything. They do this every day. One of them brought me in a book and they bring me a paper every day. We asked people and their relatives what they thought of the staff who provided care and support to them. One person told us, "I've lived here for four years. I couldn't get any better. The staff are very good. It's very homely. You can do what you want." A staff member told us, "I've worked here many years now. It's a nice environment, the staff are lovely and friendly. The residents are nice and appreciate what you do." From our observations we could see that staff knew people well. All staff spoken with could tell us about each person and their individual care needs.

One person told us, "I can approach the staff for anything I need." Another person told us, "It's the best. It's easy going, just like home. They can't do any more for me." Another person told us, "I couldn't get anything better in here." A relative told us, "It's their home and they are able to treat it that way." We asked people if they liked living at the service. One person told us the service was, "Very homely and you are made to feel welcome. Anyone can come at any time to see you and they are always made to feel welcome. A relative told us, "The staff are always good with us."

This service was in a small community where people and staff had lived for many years. People told us they knew staff before moving into the service. One person said, "All the staff are local girls. Most people in here are from the local area. When people come in they all know each other. I like that. For me it's nice." Another person told us, "I knew the girls [staff] before I came to this home."

We asked people if staff were respectful towards them and if their care needs were met. One person told us, "They [staff] always are. When they come on duty they always pop in and ask if I'm alright." People confirmed that their privacy and dignity was maintained. We observed staff knocking on people's doors and waiting for permission before entering. Doors were closed when staff were assisting people with personal care or when private discussions were taking place.

People told us they felt listened to and felt able to speak freely. They told us staff listened to what they had to say and felt able to make their own decisions. Staff told us that people could be supported to make

decisions by staff, their relatives or through an advocate. Advocates support people to speak up about what they want and ensure they can access their rights and the services they need. Information about how to access an advocate was on display at the service. At the time of inspection there was nobody who was accessing an advocate.

The registered manager told us that people were involved in their own care planning, however some people chose not to be. When we spoke with some people they confirmed this to be the case. People told us they were happy with the care and support provided.

The registered manager told us that end of life care was provided at the service and care plans put in place which reflected people's needs, wishes and choices. The registered manager told us they worked alongside the health professionals involved in people's care to make sure that people's needs were met.

Is the service responsive?

Our findings

Some care plans contained detailed information about people's individual needs and the help and support people needed. However we found that other people had care plans in place where they were not needed. For example one person had a care plan in place for communication, breathing, skin and pain despite there being no concerns and no assistance required. Reviews of care plans were not always carried out regularly. One person had 16 care plans in place which had not been reviewed since 15 January 2015. Care plan reviews contained limited information and did not show what aspects of the care plans had been reviewed

Care plans had not always been signed by the people they related to which meant that we did not know if people had been involved in planning and reviewing their care. The registered manager told us that some people did not want to be involved in the care planning process, however this was not in the care records. We could see that keyworkers completed a progress report each month however the person was not included in this. The information contained in these progress reports was limited and it was difficult to see what aspects of care had been reviewed.

We spoke with the registered manager about this and they told us they would review all care plans. On the second day of inspection, we could see that the registered manager had reviewed the care plans of one person. A care plan had been put in place for Parkinson's disease. There was great detail about the condition and how it affected the person as well as the support needed. This meant staff had the information they needed to provide safe care and support to this person. This Parkinson's disease care plan linked in with all aspects of the person's care needs such as falls, sight and nutrition. This meant the service had developed a person specific care plan where all care needs were addressed because the person's health condition affected their whole health. The person had been put at the heart of their care plan.

Each person had a life story in their care plan. This information was used to assist staff to engage with people about important events in their lives or to reminisce. We identified gaps in these records which meant staff did not always have the information needed. The registered manager told us they would address this following our inspection.

Daily records were completed twice a day for each person. We found that some entries were very detailed which gave a good overview of how the person had been on the day but other entries contained limited information. We spoke with the registered manager about this and they told us they were looking at this to make sure there was consistency between staff and the information recorded.

An activities plan was in place and a range of activities were on offer every day at the service. Activities included dominoes, bingo, ball games, a quiz and crafts. The registered manager told us, "A member of our staff delivers a craft session with people. Crafts go down really well here." People also had access to newspapers and had spoken positively about a visiting Pantomime. A staff member told us, "We have people come into do shows. The Staithes choir is coming in this month." Another staff member told us, "There's a lot for people to do here." One person told us, "A lady with a guitar came in and sang to us. It was quite nice. She has been a few times now."

At the time of this inspection, the service was planning an Easter fair which included a tombola, raffle and food. People told us, "Lots of activities are planned here." And, "Every afternoon there is something to do. There is ample going on. I like to spend time in my room knitting." And, "I like to read but the television is there if you want it on. We have dominoes and bingo. I don't go out, there's no need but [relative] visits me every week."

A staff member told us, "Activities are not set in stone so we can be flexible with them. We offer things such as knitting, hand massage, nail care and crafts. Some people's families take them out to the local shops or coffee shops. We don't take people out because we don't have transport." Another staff member told us, "We are supposed to be doing activities but we don't have time." When we spoke with the registered manager they told us they were working with staff to understand the flexibility of care and to understand what entailed an activity.

There was a complaint policy and procedure in place which people and their relatives had access to. Everyone we spoke with knew how to make a complaint and all told us that they would speak to the manager who came to see them each day. One person told us, "I've no reason to complain." Another person and their relative both told us, "If we had a complaint we would see [Registered manager]." At the time of inspection no-one we spoke with wished to raise a complaint.

Is the service well-led?

Our findings

At the last inspection we identified a breach Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. This related to good governance. Meetings for people, their relatives and staff had not taken place. Records of quality assurance visits by the registered provider were limited and no action plans had been produced where changes needed to be made. Some audits were not in place where needed. Some records looked at were inaccurate or incomplete.

At this inspection we could see the registered provider had taken action to address this. We could see there had been two meetings for people and their relatives. These meetings were used to update people about changes taking place and to seek views about meals, activities and staffing. People told us the registered manager chatted with them every day and they had the opportunity to discuss whatever they needed to. When we spoke with people they told us they felt the service kept them up to date with changes at the service. They told us the care and staff were good although many people at inspection told us they did not like the communal bath at the service which was wound by hand to lift the bath. One person told us, "The bath winds up. It's a bit old and could do with being replaced." Another person told us, "I don't like the bath and winding it up." We discussed this with the registered provider and registered manager during our feedback and they told us they would take this forward to look at what improvements could be made to the communal bath. The service also produced a monthly newsletter for people and their relatives which identified upcoming events.

There had been three staff meetings during the last year. One staff member told us, "We need more regular staff meeting because things change and we need to be able to adapt to people's needs." We could see that staffing, medicines, supervision, care and workloads had been discussed at staff meetings.

The registered provider had carried out four quality assurance checks of the service during the last year. This included checks of actions identified during previous visits, interviews with staff and people who used the service, checks of the premises and records kept at the service.

During inspection we identified some gaps in records for supervision, appraisal and training. Action was taken to address this during inspection; however we noted that the registered providers audits had failed to identify these. At the time of inspection there was no audit in place for record keeping which could have also highlighted these gaps. Audits for health and safety, medicines and infection prevention and control were in place. The registered manager told us a monthly review of care plans was carried out however this was not a formal audit. Since our last inspection we could see that the registered provider had taken action to improve the quality of the service and we could see that significant progress had been made to all audits. From looking at the available quality assurance records and from speaking with the registered provider and registered manager we were assured and had confidence in them that they would address this following inspection."

A survey had been carried out between July and August 2015. The results of the survey [13 respondents] showed that people were happy with food, felt able to express their views and were treated well. Of the 13

respondents, 10 people did not want to be involved in the care planning process. A survey completed by relatives [11 respondents] showed that they were all made to feel welcome when they visited the service and felt included in their relatives care. A staff survey completed by eight staff members showed that all felt happy working at the service, felt supported and able to express their views. An action plan had been put in place and we could see that the service had actioned each of the points identified. This included all staff taking on a keyworker role, increased activities and introducing a roast dinner on a Sunday.

People spoke highly of the registered manager. People told us, "She is always very nice. She has a look round in the morning and always says 'Good morning to you.'" And, "[Registered manager] is very approachable. She is always busy but will bend over backwards for you." And, "[Registered manager] has been here for a long time. She is lovely. You can talk to her. With her the residents come first." And, "Everything runs smoothly here."

One person told us the atmosphere at the service was "Nice. The staff seem nice to get on with and seem to get on with each other. Staff told us they enjoyed working at the service. One staff member told us, "It's a nice place to work. We all get on well. We work together as a team." Another person told us, "I enjoy my work and the job I do." Staff told us they felt able to approach the registered manager or deputy manager.

All staff were aware of the vision and values of the service and told us these were heart of the care they worked as a team to deliver. All staff spoken with were aware of what was expected of them. There were procedures in place where staff failed to meet these expectations. The registered manager was aware of their responsibilities and had notified CQC when needed. They worked closely with the local authority and information shared when needed. We spoke with the local authority prior to inspection and they told us they had no concerns about the service.