

Kepplegate Limited

# Kepplegate 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 ●

# Summary of findings

## Overall summary

This inspection was carried out on the 02, 03 and 10 February 2016 and the first day was unannounced. We last inspected Kepplegate House in August 2014 and identified no breaches in the regulations we looked at.

Kepplegate House is a two-storey care home and domiciliary care service located in the village of Preesall. The home is within close proximity to shops and local amenities. The service has a minibus which is used to transport people to events and appointments. Accommodation is provided over two floors, with a stair lift providing access to the first floor. There is a large lounge with dining room and two small conservatories. There are garden areas with seating for people to use during the summer months. Car parking is available at the home.

Kepplegate House Limited is registered by the Care Quality Commission to provide care and support to people who live at Kepplegate House. In addition, it is also registered as a domiciliary service to provide care and support to people who live in their own homes. At the time of the inspection there were sixteen people living at the home and thirty-five people who received support in their own homes.

Kepplegate House Limited has a manager who is registered with the Care Quality Commission for the care home and the domiciliary service. 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.

The registered manager told us they were supported by two managers. The registered manager explained there was a manager for the care home and an additional manager for the domiciliary service. The registered manager told us they worked closely with the managers to ensure Kepplegate Limited ran smoothly.

People told us they were happy with the care and support they received from Kepplegate House Limited. People told us staff were caring and were knowledgeable of their individual needs.

There were systems in place to protect people at risk of harm and abuse. Staff were able to define abuse and the actions to take if they suspected people were being abused.

We found medicines were managed safely. We saw staff dispensed medicines in a calm and organised manner and took care to ensure people received their medicines as prescribed.

We saw appropriate recruitment checks were carried out to ensure suitable people were employed to work at the home and the domiciliary care service.

There were sufficient staff to meet people's needs. People were supported in a prompt manner and people

told us they had no concerns with the availability of staff. People who received support from the domiciliary service told us they were happy with the time keeping of staff.

Staff received regular support from the management team to ensure training needs were identified. We found staff received appropriate training to enable them to meet peoples' needs.

Processes were in place to ensure people's freedom was not inappropriately restricted and staff told us they would report any concerns to the registered manager.

We saw people were offered a variety of foods at Kepplegate House and people were supported to eat and drink sufficient to meet their needs. People told us they liked the food provided.

People were referred to other health professionals for further advice and support when assessed needs indicated this was appropriate. We spoke with two visiting health professionals who voiced no concerns with the care provided at the home.

We saw staff treated people with respect and kindness and people told us they were involved in their care planning.

Staff knew the likes and dislikes of people who received support in their own home and delivered care and support in accordance with people's expressed wishes. During the inspection we saw people who lived at Kepplegate House were supported in accordance with their needs. We saw people enjoyed taking part in an organised activity.

There was a complaints policy in place, which was understood by staff. Information on the complaints procedure was available in the reception of the home and people we spoke with were aware of the procedures in place.

The registered manager monitored the quality of service by carrying out quality assurance checks. People who lived at the home and those who received support from the domiciliary service were offered the opportunity to participate in an six monthly survey. People told us the registered manager sought their views.

## 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.

We found medicines were managed safely and people received their medicines as prescribed.

Assessments were undertaken to ensure risks to people who used the service were identified. Written plans were in place to manage these risks.

The staffing provision was arranged to ensure people were supported in an individual and prompt manner. Staff were appropriately skilled to promote people's safety.

Staff were aware of the policies and processes in place to raise safeguarding concerns if the need arose.

### Is the service effective?

Good ●

The service was effective.

People's needs were assessed in accordance with their care plans.

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs and preferences.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

The management demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

Good ●

The service was caring.

Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people and were knowledgeable of their needs.

People's privacy and dignity were respected.

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

**Good** ●

The service was responsive.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

People were able to participate in activities that were meaningful to them.

There was a complaints policy in place to enable peoples' complaints to be addressed. Staff were aware of the complaints procedures in place.

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

**Good** ●

The service was well-led.

Staff told us they were supported by the management team.

Communication between staff was good. Staff consulted with each other to ensure people's wishes were met.

There were quality assurance systems in place to identify if improvements were required.

# Kepplegate 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 was carried out on the 02, 03 and 10 February 2016 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed information the Care Quality Commission (CQC) holds about the service. This included any statutory notifications, adult safeguarding information and comments and concerns. This information helped us plan the inspection effectively.

During the inspection we spoke with five people who lived at Kepplegate House and four relatives. We spoke with two people who received support from the domiciliary care service and two relatives. We spoke with the registered manager for the care home and domiciliary care service. We also spoke with the manager of the care home and the manager of the domiciliary service. In addition we spoke with two visiting health professionals.

We looked at all areas of the home, for example we viewed the lounge and dining area, bedrooms and the kitchens. This was so we could observe interactions between people who lived at the home and staff. We also visited two people in their own homes.

We looked at a range of documentation which included three care records of people who lived at the home. We also looked at two care records relating to people who received support in their own homes. We viewed a range of other documentation in relation to the management of the home and domiciliary care service. These included records of meetings and health and safety certification. In addition we viewed recruitment and training records, medicine records and quality assurance records.

# Is the service safe?

## Our findings

People who lived at the home told us they felt safe. Comments we received included, "I'm safe here. Staff check me to make sure I'm alright." And, "I'm perfectly happy, perfectly safe." Also, "Totally safe. Nothing's ever happened to worry me." In addition, "I trust the staff, they're so good." Relatives also told us they considered their family members were safe. We were told, "[My family members] safety has never been compromised." And, "This is a safe home." Also "I've never questioned [my family members] safety. I've never had a reason to do so. They're excellent." People who received support from the domiciliary care service also told us they felt safe. They said, "I feel very safe with staff." And, "I'm safe with Kepplegate."

We viewed three care records relating to people who lived at the home. We did this look how risks were identified and managed. Individualised risk assessments were carried out appropriate to peoples' needs and care documentation contained instruction for staff to ensure risks were minimised. For example we saw one person was identified at being at risk of falls. We saw documentation contained information to guide staff on the risk control measures in place. Documentation showed the person required specific equipment to maintain their safety. We saw the equipment was in use during the inspection. Staff we spoke with confirmed the equipment was required to ensure the risk of harm or injury was minimised. This demonstrated staff were knowledgeable of the risks identified.

We viewed two care records pertaining to people who received support from the domiciliary service. We saw risk assessments were carried out appropriate to need. For example we saw moving and handling assessments were carried out if people required support with mobility. We saw instructions were in place to minimise risks identified. Staff we spoke with were knowledgeable of the assessments in place. This demonstrated assessments were carried out and measures introduced to reduce the risk identified.

We asked the registered manager how they monitored accidents and incidents within the home and domiciliary service. We were told all incidents and accidents were reported using the services reporting system. We saw evidence this took place. We saw accident and incident forms were completed and then reviewed to ensure no further action was required to maintain peoples' safety. We viewed one accident form relating to a person who received support from the domiciliary service. Following the accident we saw the person's support had been reviewed and the care plan updated to minimise the risk of reoccurrence. The registered manager told us they were committed to ensuring peoples safety was maintained.

The registered manager had reviewed the processes in place for reporting safe guarding concerns. For example, we saw the manager for the domiciliary service had designed a flow chart to guide staff on the reporting of specific incidents. Staff told us this they found this helpful.

Staff we spoke with told us they had received training to deal with safeguarding matters. Staff were able to describe the types of abuse which may occur and how symptoms of these may present. Staff told us they would immediately report any concerns they had to the registered managers or to the local safeguarding authorities if this was required. One staff member told us, "We want to protect people and [the registered manager] wants us to report." A further member of staff said, "I'd report to [the registered manager]." Staff

told us they had access to the local authority safeguarding contact details if these were required. We saw these were displayed in the reception of the home and in the offices, which were accessible to staff.

We asked the registered manager of Kepplegate House how they ensured there were sufficient numbers of staff were available to meet people's needs. They told us they employed people in different roles. We were informed they also employed housekeepers, cooks and a maintenance person was available for repairs. They explained this helped ensure the home had sufficient staff available to support people. The registered manager further explained if people's needs changed they would ensure additional staffing was provided to ensure people's safety. Staff we spoke with confirmed this.

The manager of the domiciliary service told us they assessed the number of care staff required to meet the needs of people who lived in their own homes. We saw evidence which demonstrated staffing was arranged in advance and the continuity of staff was a consideration in this process. This helped ensure people were supported as they had agreed, by staff who were known to them.

People who received support from the domiciliary service told us they had no concerns with the availability of staff. We spoke with one person who lived in their own home. They said, "I have a rota and I know who comes. They are spot on timewise." And, "They always arrive. I'm never without a carer." We also spoke with relatives whose family members received support from the domiciliary service. They had no concerns with the staffing arrangements in place. They said, "Staff are prompt. They keep to times." Also, "Never a missed call and they keep to times."

People who lived at Kepplegate House were complimentary regarding the staffing provision at the home. We were told, "Staff are always on hand." And, "Staff come to me quickly. Relatives we spoke with commented, "There's always staff around." And, "Staff help [my family member] quickly."

We reviewed recruitment records which showed safe recruitment checks were carried out. We found the checks were carried out before a prospective staff member started to work at the home or domiciliary service. In addition, staff we spoke with told us they had completed a disclosure and barring check (DBS) prior to being employed. This is a check which helps ensure suitable people were employed. We reviewed the files of five staff who had recently been employed and saw the required checks were completed. We noted appropriate references were obtained. The registered managers told us they discussed any gaps with prospective employees to ensure people were suitably employed.

During this inspection we checked to see if medicines were managed safely. We observed medicines being administered at Kepplegate House. We saw the care manager administered medicines to people individually. This minimised the risk of incorrect medicines being given.

We looked at a sample of medicine and administration records and saw these were completed correctly. We checked the stock of six medicines and saw the records and the amount of medicines matched. This indicated medicines were being administered correctly. The staff member we spoke with explained the processes in place for the ordering and receipt of medicines. They were knowledgeable of the processes in place and we saw appropriate storage was in place to ensure medicines were stored safely.

We visited two people who received support from the domiciliary service in their own homes. We saw risk assessments were in place to ensure the responsibilities regarding the ordering, administration and receipt of medicines was understood by those involved. One person told us, "The [manager] discussed my medicines with me and I get them properly." A relative explained the arrangements with medicines had been agreed with them and staff followed the arrangements in place.



We saw checks were in place at Kepplegate House to ensure the environment was maintained to a safe standard. We saw documentation which evidenced electrical and lifting equipment was checked to ensure its safety. We also saw the temperature of water was monitored to ensure the risk of scalds had been minimised. We saw testing took place at the home on an annual basis was in place to minimise the risk of legionella developing within the home. The registered manager told us regular cleaning of showerheads took place to ensure the risk of legionella was minimised. They explained they were currently writing a legionella risk assessment to ensure all the control measures were documented. We received this document prior to the inspection concluding.

There was a fire risk assessment in place and the staff we spoke with were knowledgeable of this. This helped ensure people could be supported in the event of an emergency.

# Is the service effective?

## Our findings

The feedback we received from people who lived at the home and their family members was positive. People told us staff supported them in the way they had agreed and they found staff were knowledgeable of their needs. Comments we received from people who lived at Kepplegate House included, "I can't complain. It's very good here." And, "They certainly look after you well." Relatives of people who lived at Kepplegate House described the care and support as, "Super." And, "Amazing."

People who received support from the domiciliary service were also positive of the care they received. One person said, "They're so gentle with me, you wouldn't believe how gentle they are. A relative commented, "They've never done anything detrimental to [my family member]. Quite the opposite, they're very good." A further relative told us, "We're very impressed with the service and care at Kepplegate."

We saw documentation which evidenced people were supported to see other health professionals as their assessed needs required. For example we saw people were referred to doctors and district nurses if there was a need to do so. We spoke with one health professional who told us the home made referrals to them promptly. We also saw staff responded to people's changing health needs effectively. During the inspection at Kepplegate House we observed a member of staff supporting someone with a wheelchair. The care plan stated they should be supported with a walking frame. We discussed this with the manager of the care home who told us there had been a change in the person's needs. They showed us a care plan which was being developed to document this. This demonstrated staff identified and responded to peoples' needs effectively.

People who received support from the domiciliary service told us staff provided effective care. For example one person told us they required support from an external health professional. They explained how staff noted any changes in their condition and discussed these with them. A relative whose family member received support from the domiciliary service told us they were confident in the care staff provided. They described how staff had discussed a concern regarding their family member's health. They told us they had sought further medical advice as a result of this. They said, "They pick up things really quickly. [My family member] is kept as well as they can be because of that."

We viewed care records relating to people who lived at Kepplegate House. Care files evidenced people's nutritional needs were monitored. We saw nutritional assessments were carried out and people were weighed in accordance with their assessed needs. The manager of the care home explained they checked people's weights regularly to ensure any significant weight loss or gain was identified and monitored. They told us if they were concerned they would make referrals to other health professionals. They said this would help ensure no further medical interventions were required.

We noted in one care plan, a person had been identified having a small appetite. The care plan instructed the person should be offered food 'little and often'. During the inspection we saw the person was offered fruit, toast, biscuits and sandwiches outside of mealtimes. This demonstrated staff were aware of the person's nutritional needs and ensured these were met.

We viewed menus which evidenced a wide choice of different foods were available and we saw the kitchen was well stocked with fresh fruit, vegetables and dry and tinned supplies. We observed the lunch time meal being served. People we spoke with told us, "We're well fed. We get lots to eat and drink." And, "I asked for something else last night because I didn't like it and I had a sandwich instead."

During the meal we saw staff monitored peoples' food intake and offered encouragement where this was needed. For example we saw one person declined part of their meal. The staff member asked if they would like an alternative and the person requested additional roast meat. This was provided. The atmosphere was pleasant and we saw people laughing and talking with each other as they ate.

We also saw if people required assistance to eat, this was provided with patience and empathy. We observed the staff member responded to non-verbal signs of communication whilst supporting the person. For example the person smiled when they were asked if they wanted their lunch. The staff member responded by asking the person if they could sit with them to support them to eat and sat down when the person smiled again.

We saw nutritional needs were considered if people wished to receive support in their own home. People who received support from the domiciliary service told us this had been discussed with them. We saw documentation which reflected the wishes of people and staff told us they had received training in food hygiene. This enabled them to prepare food safely if this was required.

We asked the registered manager how they ensured people were supported to eat foods appropriate to their needs. We were told people were asked if they had any food allergies and if so, this was accommodated. They told us they were aware of their responsibilities in respect of this.

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) and whether any conditions on authorisations to deprive a person of their liberty were being met.

We spoke with the registered manager of the care home to assess their understanding of their responsibilities regarding making appropriate applications. From our conversations it was clear they understood the processes in place. We were informed three applications had been made to the supervisory bodies and the home was currently awaiting feedback on these. The registered managers told us they were aware of the processes in place and would ensure these were followed if the need arose.

We asked staff to describe their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how this related to the day to day practice in the home. Staff could give examples of practices that may be considered restrictive and said any concerns would be reported to the registered manager. Staff told us they had received training in this area and were knowledgeable of the processes in place to ensure peoples' rights were upheld.

During the inspection we saw people's consent was sought before support was provided. We observed

people being asked if they required support with personal care, mobility or if they wanted to spend time in other areas of the home. We saw if people declined, their wishes were respected.

People who received support from the domiciliary service told us their consent was sought prior to care being delivered. We were told, "They have never done anything without checking with me first. I can't tell you how important that is to me, it makes me feel valued." A further person said, "They know my little ways and always ask before they do anything."

We asked staff what training they had received to carry out their roles. Staff told us they had received an induction which included training in areas such as moving and handling, safeguarding and medicines management. Staff we spoke with confirmed training was provided to ensure their training needs were identified and training was refreshed. They told us this had been discussed with them at supervision and further training was being planned. All the staff we spoke with told us they felt well supported by the management team and we viewed two supervision records. These further evidenced supervisions took place and training needs were discussed.

The registered manager had developed their own training programme. We were shown a forward training plan. We saw areas such as moving and handling, dementia awareness and health and safety were being planned. We discussed this with the manager for the domiciliary service. They told us they were delivering the training to staff. They explained the internal training programme would help ensure staff were able to attend the training.

# Is the service caring?

## Our findings

People who lived at the home were complimentary of staff. For example, comments included, "Staff are very nice and kind." Also, "Staff are lovely." And, "Their whole motive is to care. I would describe the staff as superb, kind, friendly and interested in me." A relative we spoke with told us, "Staff are very friendly and helpful."

We saw staff at Kepplegate House were caring. We observed one staff member sat with a person and conversed with them about their previous home. The staff member was attentive and asked them relevant questions about their social history. We saw this was enjoyed by the person who was smiling as they described their memories. We observed a further staff member having a cup of tea with a person. We saw the staff member and the person were laughing as they chatted. The staff member responded to the person in a caring way. We saw appropriate touch was used by the person and this was reciprocated by the staff member. This was welcomed by the person who said, "Thank you. I do miss a hug sometimes."

We observed staff were caring when delivering support. We observed one person reached out and held a staff members hand as they were being supported to eat. We saw the staff member responded to the person with respect and compassion. The staff member spoke kindly and gently to the person and maintained physical contact with them. We noted the staff member thanked the person for allowing them to support them and the person smiled and nodded in response.

Our conversations with staff also demonstrated staff were caring. Staff spoke respectfully and tenderly about people who lived at the home. Staff were able to describe the likes and preferences of people who lived at the home. For example one staff member described a person's preferred daily routine and their hobbies. They told us, "People should be able to carry on their lives here. It's a privilege to help them do that." A further staff member said, "I feel honoured to be involved in their lives."

People who received support from the domiciliary service also told us staff were caring. One person described the staff as, "Angels, lovely angels." In addition, a further person said, "They definitely care. I can see it when they smile at me." A relative we spoke with said, "They're all absolutely lovely. They're all very caring and [my family member] is fond of them." A further relative said, "The way staff are with my [family member] is so touching."

The care records we viewed for both the domiciliary service and Kepplegate House demonstrated people were involved in the development of their care plan. We saw records were person centred and contained respectful and professional language. We saw whenever possible people were asked to sign to indicate their agreement with the care planned. If this was not appropriate we saw family members were involved in the care planning process. People also told us they were involved in their care planning. Comments we received included, "They talked to me about the help I needed." And, "They discuss what I want with me." Also, "I take part in my care review. It's an excellent service."

Within the care records at Kepplegate House we saw evidence that when appropriate, people's future

wishes were discussed with them. We saw spiritual needs and beliefs were discussed and Preferred Priorities of Care were recorded. This enabled people to have their future wishes documented and communicated to ensure their views and wishes were known. We discussed this with a relative who told us they had been involved in this process. They told us staff at the home had supported them and their family member and this had been welcomed. They explained the service had arranged an external meeting at a local venue to take place. They told us this had been available to people who lived at the home and their relatives. The relative said the meeting had been arranged to provide information and support on deciding and arranging future wishes. They commented, "It was a great help and very reassuring."

We saw peoples' privacy and dignity was respected at Kepplegate House. We observed staff asking people if they wanted to move to a quiet area if they had visitors. One relative told us, "They make sure there is private one to one time with [my family member.]" During the inspection we saw staff took care to respect peoples' privacy and uphold their dignity. For example we saw bedroom and bathroom doors were closed when personal care was delivered. We observed staff knocking on peoples' doors prior to entering their rooms. This helped ensure peoples' privacy was respected and their dignity maintained.

People who received support from the domiciliary service also told us their dignity and privacy was upheld when they received personal care. One person told us, "I don't feel embarrassed. They are very respectful." A further person said, "They make every effort to make sure I'm comfortable. I've never felt self-conscious or uncomfortable." A relative described the steps staff took to maintain their family member's dignity. They said, "They always close the curtains, my [family member] is always covered to maintain his privacy. They're very particular about that."

We discussed the provision of advocacy services with the registered manager of Kepplegate House Limited. We were informed there were no people accessing advocacy services at the time of the inspection. However, this would be arranged at peoples' request.

## Is the service responsive?

### Our findings

People at Kepplegate House told us they felt the care provided met their individual needs. One person said, "My care is good." And, "I'm looked after properly." Relatives we spoke with were also happy with the care provided. Comments we received included, "It's good care." And, "My [family member's] needs are met well." People told us they were consulted regarding their care needs. One person said, "They asked me what I wanted in the way of help. They let me decide." A further person said, "It was a partnership with me in control."

People who received support from the domiciliary care service also told us they were consulted and involved in their care planning. One person told us, "[The manager] came here and reviewed my care with me last week." And, "Before they change anything, they review changes with me." A relative told us, "They did the care plan with me here and they updated it with me."

People told us the service was responsive to their needs and preferences. One person who received support from the domiciliary care service described how they had requested alternative care staff. They explained this had been addressed promptly. They said, "I was pleased with the [managers] response." A person at Kepplegate House told us they had requested a change to their daily routine. They told us this had been accommodated by staff.

Relatives we spoke with also confirmed both Kepplegate House and the domiciliary service were responsive to their requests. One relative told us they had discussed a missing personal possession with the registered manager of Kepplegate House. They told us the registered manager had responded immediately and the possession had been found. They said, "They're quick to act." A relative whose family member received support from the domiciliary service told us they had requested transport for their family member to attend a health appointment. They said a minibus owned by Kepplegate Limited had been arranged to transport them. They said, "It took so much of the stress and worry away. I don't know what we would do without them."

People we spoke with told us they had no complaints regarding Kepplegate House or the domiciliary service. People told us, "They couldn't do anything better." And, "I can't find anything bad to say about them at all." Also, "I can't complain. It's very good here." In addition, "I've no complaints. Just the opposite. They're very good." Relatives we spoke with also told us they had no concerns. We were told, "I've no complaints." And, "I think they're very good. I would always speak my mind and they would sort things out I'm sure."

We saw there was a complaints procedure displayed within the reception of Kepplegate House. People and relatives we spoke with confirmed they were aware there was a process in place if they wished to make a complaint. We looked at the complaints log for Kepplegate House and the domiciliary service. We saw one complaint had been made regarding the domiciliary service. We noted a thorough and comprehensive investigation had been carried out and a response had been provided. We saw the complaint had been concluded. This demonstrated there were systems in place which were used effectively to respond to

complaints raised.

People told us there was plenty to do at Kepplegate House. We saw board games, papers, books and magazines were freely available in the lounge area of the home. We observed a notice board in place to inform people of the days planned activities and saw a word game taking place. We saw people enjoyed this and people were chatting and laughing as they participated. We also saw records which confirmed peoples' hobbies and interests were acknowledged and supported. In one care record we noted a person had expressed their wish to participate in a hobby which was meaningful to them. During the inspection we saw the person was supported to do so.

The manager for the care home told us a 'namaste care' room was available for people to use. Namaste care is an end of life programme for people who are living with dementia. The manager told us people could choose to participate in sensory hand or foot massages, moisturising treatments and relaxation time. During the inspection we did not see these taking place, but we saw the room was available with comfortable furniture and curtains to ensure privacy was maintained.

Relatives told us they were happy with the provision of activities at the home. Relatives told us their family members were reminded and encouraged to take part in planned events. Comments we received included, "[My family member] isn't interested in activities, they've tried to encourage [my family member] but [my family member] refuses." Also, "There's loads of stuff going on. They try to encourage [my family member,] they keep telling [my family member] what's on." We also spoke with two people who confirmed they were involved in activities as far as they wanted to be. They told us, "I go to some things. I enjoy the singers." And, "They keep me busy. I don't like to be bored."



## Is the service well-led?

### Our findings

Staff told us they considered the teamwork to be good. Comments we received included, "The team work is good." And, "You feel you can talk to the management team here." Staff told us team meetings took place to ensure information was communicated effectively. We viewed minutes of staff meetings and saw staff received feedback and information as appropriate. For example we saw feedback was given to staff from an external health professional and staff training was discussed.

During the inspection we saw staff were organised and efficient as they carried out their duties at Kepplegate House. We saw 'handovers' took place. This is a meeting between staff when they completed their shift to pass information to incoming staff. We observed the handover and saw staff spoke respectfully about the people they supported. We saw information was provided and related to people's health, well-being and wishes. This helped ensure important information was cascaded as appropriate.

We discussed the management of the home and the domiciliary service with the registered manager. They told us there was a separate manager in place for each care provision to help ensure the smooth running of the service. We asked the registered manager to explain how they maintained an overview of each service in order to identify if improvements were required. We were told audits were completed to identify if improvements were required.

We saw evidence of audits in medicines management and accidents and incidents. We also saw there were quality assurance surveys in place to gain people's views on the quality of the service provided. We viewed the most recent quality assurance survey and saw overall, the results were positive. We noted some comments regarding the decoration at Kepplegate House. We discussed this with the registered manager of Kepplegate House who told us they were planning to hold a meeting with people who lived at the home. They told us this would enable them to be involved in any decisions made regarding the environment. This demonstrated there were systems in place to capture peoples' views, seek improvements and encourage involvement.

The manager of the domiciliary service told us in addition to the quality assurance survey offered to people who received care and support, they also offered satisfaction surveys to staff. We viewed a sample of these. We noted this contained areas such as the availability of on call advice and the number of hours staff worked. The registered manager told us this was to ensure any areas of improvement could be identified quickly. They explained this would ensure people received a good quality service and any changes in staff morale could be identified.

Relatives and people who received care and support from the both the domiciliary service and Kepplegate House told us they considered the registered manager and managers to be approachable. All the relatives we spoke with told us they were regularly contacted by them to ascertain if they were happy with the service provided. One relative told us the domiciliary service was well managed. They said, "It all runs smoothly." They told us the manager was, "Approachable, conscientious and caring." A further relative told us they found the registered manager of the care home to be, "Approachable." They told us, "It's a good relationship

I have with the home."

We asked the registered manager and managers if they attended any external events to maintain and update their knowledge. The registered manager confirmed they attended forums where they were informed of any changes relating to health and social care practice. They told us this enabled them to remain abreast of relevant changes. This demonstrated the registered manager sought information to increase their knowledge and develop the service provided.

During the inspection we saw the registered manager of Kepplegate House knew people who lived at the home. We observed them addressing people by their chosen name. We saw people responded positively to this. This demonstrated the registered manager played an active role in the running of the home. We also noted people who received support from the domiciliary service were also complimentary of the manager. One relative told us, "He's always ready to listen and is a hands on manager." They described how the registered manager carried out regular reviews of their family member's care and sought feedback on the performance of the service. They told us they felt supported by the service and told us, "I have total and absolute trust in everything they do."