Kent House Care Home Limited

Kent House Residential Home

Inspection report

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Date of inspection visit:
18 July 2017
19 July 2017

Date of publication:
01 September 2017

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 18 and 19 July 2017 and was unannounced.

Kent House Residential Home provides accommodation and personal care for up to 25 older people and people living with dementia. The service is a large converted property. Accommodation is arranged over three floors and a lift is available to assist people to get to the upper floor. There were 21 people living at the service at the time of our inspection.

The registered manager was leading the service and was supported by a deputy manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they were very pleased with the service they received at Kent House Residential Home. One person's relative told us, "It's more home, than it is 'a home'". Staff were kind and caring and treated people with dignity and respect. One person's relative told us, "[My relative] is well looked after, respected and loved. The staff have so much patience and empathy". People had privacy and staff provided the supported their needed discreetly.

The service had been purchased by a new provider in February 2017. Many of the people had been living at the service since before this time. They told us they liked the improvements the new provider had made. Staff told us the changes the provider had made, such as introducing electronic care records, had improved people's lives and given them more time to spend with people.

People were involved in planning what happened at the service. Staff and people planned the activities on offer at the service together. People told us they had enough to do every day and were planning outings. Some people continued to do domestic tasks they had done at home, such as dusting their bedrooms and laying the tables.

Assessments of people's needs and any risks to them had been completed. Staff acted on health care professionals advice to manage risks. People's care was planned and reviewed with them to keep them safe

and help them be as independent as possible. People were supported to have regular health checks such as eye tests.

People received the medicines they needed to keep them safe and well. They planned menus with staff and were offered a balanced diet. People told us they enjoyed the food and there was a wide variety of food on offer. Meals were prepared to meet people preferences and spiritual and cultural needs.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had applied to the supervisory body for a DoLS authorisation when people who lacked capacity to consent were restricted. People were supported to go out and could move around the service and grounds freely. Staff followed the principles of the Mental Capacity Act 2005 (MCA) and supported people to make choices in all areas of their life.

Plans were in place to keep people safe in an emergency, including plans to evacuate people from the building. Staff practiced these regularly. Staff knew the signs of possible abuse and were confident to raise concerns they had with the registered manager or the local authority safeguarding team.

Systems were in place to manage complaints received. People and their representatives were confident to raise concerns and complaints they had about the service.

People, their relatives and visiting professionals were asked for their views of the service regularly. Everyone was satisfied with the service provided. Staff had regular opportunities to share their experiences of the service and told us the management team supported them to try new ideas they had.

The registered manager supported staff to provide a good level of care and held them accountable for their practice. Staff were clear about their roles and responsibilities. They shared the registered manager and provider's view of a good quality service and were motivated.

Checks on the quality of all areas of the service had been completed to make sure they were of the standard the registered manager required. Action was taken quickly to address any shortfalls found.

There were enough staff, who knew people well, to provide the support people wanted. People's needs had been considered when deciding how many staff were required to support them at different times of the day. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

The provider had recruitment procedures although no new staff had been recruited since the provider took over.

Staff had completed the training and development they needed to provide safe and effective care to people and held recognised qualifications in care. Staff met regularly with the registered manager to discuss their role and practice and were supported to provide good quality care.

Accurate records were maintained about the care and support people received and about the day to day running of the service. Information was available to staff to help them provide safe and consistent care to people.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. The manager understood when CQC should be

notified of some significant events and we had received notifications are required.

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.

Risks to people had been identified and staff supported people to be as safe as possible.

People were protected from the risks of unsafe medicines management.

Staff knew how to keep people safe if they were at risk of abuse.

There were enough staff who knew people well, to provide the support people needed.

The provider had recruitment procedures to make sure staff were suitable to work at the service.

Is the service effective?

Good

The service was effective.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff supported people to make their own decisions.

Staff were supported and had the skills they required to provide the care people needed.

People were offered a choice of food to help keep them as healthy as possible.

People were supported to have regular health checks and to attend healthcare appointments.

Is the service caring?

Good

The service was caring.

Staff were kind and caring to people.

People were given privacy and were treated with dignity and

respect.

People were supported to be independent.

Is the service responsive?

Good

The service was responsive.

People had planned their care with staff. They received their care and support in the way they preferred.

People participated in activities they enjoyed.

People were confident to raise any concerns they had with staff.

Is the service well-led?

Good

The service was well-led.

Checks were completed on the quality of the service and action was taken to address shortfalls.

People and staff shared their views and experiences of the service and these were acted on.

Staff shared the registered manager's vision of a good quality service.

Staff were motivated and led by the registered manager. They had clear roles and responsibilities and were accountable for their actions.

Kent House Residential 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 checked 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 was a comprehensive inspection.

This inspection took place on 18 and 19 July 2017 and was unannounced. The inspection team consisted of an inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, 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 looked at notifications received by the Care Quality Commission which a provider is required to send us by law. Notifications are information we receive from the service when significant events happen, like a death or a serious injury.

During our inspection we spoke with ten people living at the service, three people's relatives and friends, a visiting health care professional, the registered manager, the provider and staff. We visited some people's bedrooms, with their permission; we looked at care records and associated risk assessments for two people. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the care and support people received. We looked at their medicines records and observed people receiving their medicines.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

This was the first inspection since Kent House Care Home Limited purchased Kent House Residential Home in February 2017.

Good

Our findings

People told us they felt safe at the service. Their comments included, "I wouldn't be able to manage by myself at home, I am much safer here" and "I feel very safe". One person told us, "I'm prone to falling over and the staff help me all the time".

The provider had introduced a new electronic risk assessment and care planning system. Approximately half of the people's risk assessments had been transferred to the new system at the time of our inspection. Electronic and paper risk assessments had been kept up to date and were reviewed each month to identify any changes in people's needs.

People had been involved in planning how to manage risky activities. For example, people who had chosen to smoke had agreed that they would only smoke in the outside smoking areas. The risks of smoking inside had been discussed and some people had agreed that staff would hold their cigarettes and lighters. We observed people were given their cigarettes and lighter when they requested them and staff supported them to smoke outside.

The risk of people developing skin damage had been identified and action had been taken to mitigate the risks. People used pressure relieving equipment such as special cushions and mattresses to help keep their skin healthy. Guidance was available to staff about how to use the equipment correctly and checks were completed each day to make sure it was set at the correct level.

The provider had introduced various lights to help people be more independent at night, such as lights on people's walking aids and in the toilet bowl. These helped people to see where things were and where they were going. One person told us the lights had given them the confidence to walk around at night without the fear of falling. The registered manager told us two people were now able to meet their continence needs at night and no longer relied on support from staff.

Accidents and incidents had been recorded and the registered manager had analysed the information to identify any trends. One person had fallen in their bedroom. Equipment was now in use to alert staff when the person got up so they could provide the support they needed. The person had not fallen since the equipment was installed.

A fire risk assessment had been completed. People had personal emergency evacuation plans (PEEPs), which included guidance to staff about how to move people to keep them safe in an emergency. Evacuation

equipment was available to support people to evacuate promptly. Staff had been trained and regularly practiced using the equipment. They told us that practicing moving each other with the equipment helped them understand how people may feel when being evacuated in an emergency. Regular tests were carried out on fire safety equipment.

Staff training was effective and they had supported people to evacuate safely when a small fire occurred at the service shortly before our inspection. Staff had contacted the registered manager and other staff for support and had moved everyone to a safe area before the fire and rescue service arrived.

Regular checks were completed on all areas of the building and equipment to make sure they were safe. For example, checks on gas and electrical equipment and hoists. Outside contractors were contacted promptly when there were concerns about equipment. A lift engineer inspected the lift on the day of our inspection. The provider sanctioned the works recommended to upgrade the lift so they could be completed quickly.

People received their medicines on time. One person told us, "They [staff] bring my tablets regularly". Staff were trained to administer medicines and their competency was checked each year. Staff had recorded when medicines had been given and stock amounts were correct. We observed staff administering peoples' medicines safely and in a caring manner.

Some people were prescribed medicines 'when required', such as pain relief. Guidance was provided to staff about the 'when required' medicines each person was prescribed, such as when it should be offered. Everyone currently living at the service was able to tell staff when they needed their medicine. One person told us, "I have Paracetamol if I have an extra pain".

People's medicines were managed safely and effective systems were in operation to order, store and dispose of medicines. Temperatures where medicines were stored, including those requiring refrigeration, were recorded daily and were within the safe range. The dates bottles of medicines, including eye drops were opened was recorded to make sure they were not used passed their expiry date and remained effective. All medicines were stored securely in line with the Royal Pharmaceutical Society of Great Britain guidelines.

Staff knew how to keep people safe. They were trained and understood how to recognise signs of abuse and what to do if they suspected incidents of abuse. Staff told us they were confident that any concerns they raised with the provider and registered manager would be listened too and acted on. The registered manager regularly checked staff's understanding of safeguarding and whistleblowing processes. This included action they should take if they suspected a member of the management team was abusing people. Staff were aware of their ability to take any concerns to outside agencies if they felt that situations were not being dealt with properly.

There were enough staff on duty to meet people's needs. People told us they did not have to wait for the support they wanted and staff had enough time to support them to do things for themselves. We observed staff respond quickly when people asked for support.

Staffing levels were planned around people's care and support needs. Many staff, including the registered manager, had worked at the service for several years and knew people very well. There were consistent numbers of staff on duty during the day and night. Cover for sickness and annual leave was provided by other members of the team. For example, during our inspection the maintenance person cooked the lunch as the cook was on leave. People told us they enjoyed the meals that the maintenance person, who was trained to prepare food safely, cooked. The registered manager and deputy manager were on call out of

hours to provide any advice and support staff needed.

No new staff had been recruited since the new provider had purchased the service. The registered manager knew how to recruit staff safely, including the required recruitment checks. Disclosure and Barring Service (DBS) criminal record checks had been completed for all staff working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Previously people had been involved in interviewing new staff to check that they had the skills they required, including communicating effectively with people. Plans were in place to continue this practice.

Good

Our findings

We observed people being supported and encouraged to make choices about all areas of their lives, including what they had to eat and drink, where they spent their time and who with. People told us, "I choose my clothes in the morning", "I get up and go to bed when I like" and "I get up at 8.30am. There is no restriction on when I go to bed".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes 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.

People received the support and time they needed to make decisions. For example, one person repeated the question they were asked, while they considered their response. We observed staff giving the person time to think about what they wanted and respond to the choices they made. We observed other people being shown items to help them make a decision, including drinks and desserts at lunchtime. Everyone was supported to make day to day decisions.

People's ability to make complex decisions was assessed when necessary. When people were not able to make a decision, decisions were made in their best interests by people who knew them well, including staff, their relatives and health care professionals.

The registered manager was aware of their responsibilities under DoLS. People were not restricted and were free to come and go as they pleased. People went out with staff, friends and family. One person told us, "I'm quite independent; I've been out today for a drive with a friend". Another person's relative commented, "Staff ask my relative if they want to go to the shops and take them. If they don't, they ask them if they need anything". Applications for DoLS authorisations had been made to the local authority for people who were under constant supervision.

Staff supported people to maintain good health and told us they had a 'fantastic' relationship with the community nurses. We spoke with one community nurse who told us that staff identified changes in people's health quickly and called them out at the correct time. People told us staff contacted their GP when they felt unwell. One person told us, "Staff call the doctor if I need him". One person's relative told us, "The staff keep me informed, I got called in once because they thought my relative wasn't right. It turned out they had an infection. Staff are very hot on picking up their problems and calling the doctor straight away". We observed the registered manager try to contact one person's GP surgery several times during the inspection to make an appointment. When they were unable to get through to the surgery they called other numbers to make sure the person saw a doctor quickly.

People were supported to see health professionals and attend health care appointments. People told us, "Staff accompany me to hospital appointments" and "My relative takes me to hospital appointments but if they couldn't the staff accompany me". This was to support people to tell their health care professional about their health and medicines and to make sure that any recommendations were acted on when they returned to the service.

People had regular health care checks including sight and hearing tests and chiropody treatment. The optician had visited shortly before our inspection and one person showed us their new glasses. When people needed dental treatment staff supported them to visit a local dentist.

People told us they liked the food at the service. Their comments included, "The food is lovely I can have whatever I want really", "The food is absolutely excellent with plenty of choice" and "Excellent food, nothing wrong with the food". One person's relative told us, "I've stopped and eaten with my relative, the food is excellent".

Staff knew about people's likes and dislikes and how much they liked to eat and drink. Meals and drinks were prepared to people's preferences and spiritual and cultural choices. We observed the chef ask each person what they wanted from the menu and offer them alternatives if they did not want what was on the menu. One person did not want either of the choices on the menu. The chef offered them "a nice cheese and onion pasty" which they accepted. The person told us after lunch that they had enjoyed to pasty. Four different meals were prepared on the day of our inspection, along with a hot pudding and a fresh fruit salad made with seasonal fruits. People had been involved in planning the menus and menu changes were a standing item on the residents meeting agenda.

People were supported to remain independent and made choices at meal times. The registered manager informed one person with a visual impairment where the food was on their plate, including "Your mash potatoes are at 10 o'clock and the green beans are at 6 o'clock". The person ate their meal without any further support.

We observed some people serving their own condiments including gravy from a gravy boat and adding extra butter to their potatoes. Staff asked other people if they would like condiments. Staff asked one person, "Would you like me to put gravy on?" They waited for the person's response before saying, "Where would you like it?" and "Tell me when".

People were offered a choice of drinks and snacks throughout the day. Cold drinks were available in the lounge and people's bedrooms. People were encouraged to drink regularly during our inspection which took place on very warm days. Staff were aware of the risk of people becoming dehydrated. Hot drinks were also offered regularly. One person told us, "I have a flask of cold drink and there are plenty of hot drinks". People were offered alcoholic drinks with their lunchtime meals and people enjoyed beer and sherry. One

person told us their gin and tonic was "very good".

The risk of people losing weight had been assessed and people had been referred to a dietician when necessary. People who were at risk of losing weight were offered food fortified with extra calories and had gained weight. People who needed a low sugar diet were offered the same foods as other people made with sweetener rather than sugar.

Staff had received the training they needed to complete their roles. When staff began working at the service they completed an induction, including core training such as moving and handling and safeguarding. New staff shadowed more experienced staff to get to know people, their preferences and routines. Staff had either completed or were working towards recognised adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications staff must prove they are competent to carry out their role to the required standard.

Staff received regular training and updates. All the staff were working through on line training to make sure their skills and knowledge were at the standard the new provider required. Refresher training for practical skills such as moving people safely had been arranged to keep staff skills up to date. The registered manager completed competency assessments on all staff to check training had been effective and they always worked to the standards they required. We observed staff supporting people to move safely from one place to another. Guidance given to people was consistent for example, "Place your hands here, (pointing to the chair arms) and push yourself up". Staff encouraged people saying, "You can do it' and "You're doing well".

Staff had received training in how to provide care in a kind and compassionate way. We observed that staff put what they had learnt into practice giving people the time and reassurance they needed. The registered manager enabled staff to be a 'resident for the day'. This was to give them an insight into how people may feel when receiving care. This included supporting staff to understand how people may feel if their care was delayed. For example, the staff member would be encouraged to drink but not supported to go to the toilet when they requested. Staff told us this helped them understand how people may feel when receiving care and support.

Five staff were booked onto diabetes and insulin training provided by the local clinical commissioning group. When they had completed the training the provider hoped the staff would then administer people's insulin rather than have to wait for community nurses to visit.

Staff told us they felt supported by the registered manager and were able to discuss any concerns they had with them. Staff received regular one to one supervisions to discuss their practice and an annual appraisal which included discussing plans for their future development.

Most staff had worked at the service a long time. They knew each other and the people they supported well. Throughout the inspection staff gave people the support they needed in the ways people preferred.

Good

Our findings

People and their relatives told us staff were kind, caring and had time to spend with them. Their comments included, "Everybody is very pleasant, it is a lovely atmosphere", "The nice thing about this place is everybody is so pleasant", "They do everything for me, I couldn't live without them" and "I wouldn't want to be anywhere else, I can't fault it".

Staff treated people with dignity and respect. People told us, "The carers are very polite", "My carer always leaves my toilet light on at night so I can see" and "The staff treat people with great dignity and with a good sense of humour". People were referred to by their preferred names and were relaxed in the company of each other and staff. Staff knew people well and understood what was important to them, such as their own space and made sure people's wishes were respected. People shared jokes with staff and laughed together often. One staff member joked with people saying, "It's like being at home but with 15 wives". People found this funny.

Staff supported people to remain independent for as long as they wanted. Some people enjoyed doing house hold chores, such as dusting and laying the dining tables. One person told us, "I make my own bed in the morning and tidy my room I can't be sitting down all day". Another person told us, "I get my clothes ready for the next day the night before".

Staff explained to us what each person was able to do for themselves and what support they needed. We observed staff prompting one person to stand without support, saying 'Put your hands here' while pointing to where the person should place their hands. As the person stood staff reassured them by smiling and saying, "You are doing really well".

The provider had fitted new signs around the service, including on bathroom and lounge doors. Staff had fitted new signs to people's bedroom doors with their name and photograph. Staff told us the signs had helped people move around more independently and people now recognised their bedroom door more easily. Further work was planned to make the environment easier to navigate for people living with dementia.

People told us they had privacy and decided how much privacy they had. We observed staff knocking before they entered people's bedrooms and bathrooms. One person told us, "Staff always knock when they come in". Staff offered people assistance discreetly and were not intrusive.

People's relatives and friends were free to visit them whenever they wanted. One person's relatives commented, "Staff always offer us tea or coffee and pass the time of day. There is never a nasty smell".

People were encouraged to bring personal items into the service such as pictures and ornaments to help them feel at home. People's rooms were decorated to their taste. One person told us they had been very pleased to move into their friend's room when they left.

Information about people, including care records, were held securely. They were only available to people who needed it such as staff and health care professionals. The provider was setting up a secure system for people's families to view their care records on line, if the person agreed.

People who needed support to share their views were supported by their families, solicitor or their care manager. The registered manager knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

Good

Our findings

The registered manager met with people and their representatives to talk about their needs and wishes, before they moved into the service. An assessment was completed which summarised people's needs and how they liked their support provided. This helped the registered manager make sure staff could provide the care and support the person wanted. One person told us, "My relative chose here for me, they looked for ages, this is the best and the staff are so friendly".

People had planned their care with staff and their relatives when necessary. One person told us, "We discussed my care plan when I moved in".

Staff provided the care and support people needed. They encouraged people to do what they were able for themselves and helped them to do other things. Information about people's abilities and the support they needed was included in care plans for staff and visiting professionals to refer to. For example, one person's care plan instructed staff to prepare the person's tooth brush for them and assist the person to the sink, so the person could brush their teeth.

Guidance was included in people's care plans about all areas of their life, including their daily routines and preferences. One person's care plan stated they preferred a medium size meal and adapted cutlery. We observed the person had a medium sized meal at lunchtime and staff checked that they had enough to eat. The person ate their meal independently with their preferred cutlery.

Routines were flexible to people's daily choices, such as having a lay in or going out with family and friends. One person told us, "I have a shower every week but I could have one anytime I like".

Staff reassured people when they became anxious. They reassured one person that their GP had been contacted and would be visiting them that day. Another person was coughing at lunchtime. A staff member offered the person a drink of water and stayed with them until they had stopped coughing. They placed their hand on the person's back for further reassurance.

Guidance to staff about the care and support people wanted was reviewed monthly to make sure it continued to meet their needs and preferences. People were involved in these reviews when they wanted to be. When people's needs changed staff spoke with the person about the support they wanted and agreed this with them. One person's relative told us, "The care plan is reviewed regularly; my relative changed her mind about (something), so it was updated".

People had enough to do during the day and followed their interests. An activities coordinator worked at the service and was supported by other staff. People and their relatives told us, "I join in with anything", "We had a music lady last week", "We have a garden party", "There is a variety of activities, colouring, craft and music" and "The staff dress up and do activities with people". Some people preferred to stay in their bedrooms, one person said, "I like being on my own, it doesn't worry me, the staff come and chat if I want them to".

An activities plan was in place and was flexible to what people wanted to do. During our inspection people enjoyed playing ball and hangman. The activities person spent time with people in small groups and on their own. People took part in monthly residents meetings and chose activities they wanted to take part in. People had asked to play 'leap frog'. Staff had assessed the activity and decided that there was a very high risk of people injuring themselves. At the time of our inspection they were exploring the use of an interactive games console to enable people to take part in 'virtual' leap frog and other games.

People and their relatives told us the registered manager and staff listened to any concerns they had and addressed them. One person told us, "I would have no hesitation in approaching the manager", if they had a concern. A complaints policy and procedure was available to people, their relatives and visitors in the main entrance to the service.

No complaints had been made about the service. Any minor concerns people or their representatives raised were resolved quickly by the registered manager. The registered manager told us they used complaints and concerns as an opportunity for develop and improve the service. They asked each person several times a week if they had any concerns or worries so they could be addressed quickly to stop them getting bigger.

Good

Our findings

The registered manager had been leading the service for several years and knew people well. People told us, "[The registered manager] is lovely, she listens to me and she is such a nice person. She is the right person for the job" and "She is so good to everybody". Staff told us they were supported by the registered manager who was always available to give them advice and guidance. They told us they could speak to them at any time about any worries or concerns they had. One staff member said, "I can go to her with anything and she will address it. She's fab".

The new provider had visited the service several times before they purchased it. They continued to visit the service several times a week. People and the provider knew each other's names and chatted in a relaxed way during the inspection. The registered manager told us, "The provider wants to know the residents and staff and listens to them". They went on to say that the provider was, "Really supportive" and "The best thing that has happened to the service". Staff we spoke with agreed. One staff member told us the provider was, "committed to making positive changes".

The provider had held a meeting with people, their relatives and staff to explain their plans for the service and to answer any questions they had before they took over. One person had asked that the internet was made available in the lounge so people could 'Skype' their relatives. This had been arranged and one person was chatting with their relative during our inspection.

Staff were motivated and enjoyed working at the service. They told us they felt valued and appreciated. Staff turnover was low. One staff member told is, "I have no reason to go and work anywhere else". All the staff we spoke with told us staff worked well together to provide people with the care and support they needed. One staff member said, "Staff work well as a team, we stick together and help each other out".

There was a culture of openness; staff and the registered manager spoke to each other and to people in a respectful and kind way. The provider and registered manager had a clear vision about the quality of service they required staff to provide. This included supporting people to be as independent as they could be. This vision was shared by staff. All the staff we spoke with told us they provided people's care in the way they would like their family to be cared for. One person's relative told us, "I can't fault the place, they treat the residents with dignity, it's a family home".

The registered manager led by example and supported staff to provide the service as they expected. They checked staff were providing care to these standards by working alongside them and observing their

practice. Any shortfalls were addressed immediately. Staff were reminded about their roles and responsibilities at staff meetings and during one to one meetings. They understood their roles and knew what was expected of them.

People were involved in planning what happened at the service at regular residents meetings. People had suggested going horse riding, going to the beach and visiting local places of interest. The registered manager was arranging for people to do these activities including borrowing a special wheelchair to help people visit the local sandy beach.

There were regular team meetings and staff told us their views and opinions were listened to. Staff were also reminded of the standards the registered manager expected and invited to discuss any concerns they had. For example, staff sickness had increased and staff were reminded to speak to the registered manager if they had any problems they needed support with.

People, their relatives, staff and stakeholders had been asked for their feedback about the service. The provider planned to do this twice each year. Everyone said they were happy with the service they had received from the provider. Any comments people had made were addressed with them and action was taken to provide the service as they preferred. Stakeholders, including visiting health care professionals comments over the past six months included, 'Staff understand the residents needs and they communicate clearly and always maintain professionalism and positivity' and 'Staff are friendly and caring to residents'. One professional had commented, 'This is the only home I would consider placing one of my relatives in'. Staff told us the registered manager listened to their ideas and suggestions and they were supported 'try them out'.

Some people and their relatives had shared their views of the service on an independent review website since the change of provider. Their comments included, 'The staff have been amazing. So gentle, caring and nothing is too much trouble. Always free to talk about [my relative's] needs and care - the staff are always smiling and seem happy to work there' and 'This home is a celebration of life for those that live there.'

The registered manager completed regular checks on all areas of the service including the environment, medicines and the support people received. They had taken action to address any shortfalls they found. They spent time with people at meals times and checked they were enjoying their meals and had everything they wanted. Information from the electronic care plans was used to monitor the care people received. The registered manager and provider were able to make sure important checks on people had been completed, such as safety checks. If they were concerned a check had not been completed they contacted staff and made sure it took place.

Accurate records were kept about the care and support people received and about the day to day running of the service. Staff told us the electronic care planning and recording system had reduced the amount of time they spent writing records and this had given them more time to spend with people. Some staff told us they had been worried they would not be able to use the technology when it was introduced. They told us the hand held computers were easy to use and they had quickly become accustomed to them.

The time that people received their care and support was accurately recorded by the electronic records system. Staff had to physically go into people's bedrooms to record the time they completed safety checks at night. The provider and registered manager were exploring ways that people could be more involved in using the system to write, review and agree to their care plans and confirm they had received the care they needed. All the records we asked for were available and up to date.

Services that provide health and social care to people are required to inform the Care Quality. Commission, (the CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. Notifications had been sent to CQC when required.