King Charles Court Limited

King Charles Court

Inspection report

Marlborough Road
Falmouth
Cornwall
TR11 3LR

Tel: 01326311155

Date of inspection visit:
12 December 2017

Date of publication:
24 January 2018

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 unannounced comprehensive inspection took place on the 12 December 2017. The last comprehensive inspection took place on the 29 September 2015. The service was meeting the requirements of the regulations at that time. At this inspection we found the service remained good.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. King Charles Court is a care home with nursing which offers care and support for up to 30 predominately older people. It is situated in the town of Falmouth. There are two floors accessed by a passenger lift. Where floors are split there is a stair lift. Each person has their own room which has en-suite facilities. There are two bathrooms with additional toilets located in both services. There is a lounge and dining area on the ground floor. At the time of the inspection there were 27 people living at the service. Some of these people were living with dementia.

There was a registered manager in place. 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.

We observed staff providing support to people throughout our inspection visit. We saw they were kind, patient and treated people with dignity and respect.

People who lived at the service and their visitors told us they were happy living at the service and felt safe in the care of staff supporting them. One person said, "Nothing is too much trouble for them [staff]."

People visiting the service told us staff were attentive, kind and caring towards their relatives. They said their relatives were getting the best care possible and staff went above and beyond their expectations with the care provided. Comments included, "Absolutely excellent couldn't wish for more," "So safe always feel we can go away knowing [person's name] is cared for" and "We chose this home because we knew they really care for residents living here."

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

The premises were regularly checked and maintained by the provider. Equipment and services used at King Charles Court were regularly checked by competent people to ensure they were safe to use.

The environment was warm throughout, homely and welcoming. People frequently told us this was a 'homely' place to live and visit. People's rooms were personalised to reflect their individual tastes. As Christmas was approaching some people had been supported to put up Christmas decorations in their rooms. The focus of the service was to treat people with kindness, compassion and respect and this was witnessed throughout the inspection.

The design of the building and facilities were appropriate for the care and support provided. One of two bathrooms was currently being used for storage of equipment. However, the registered manager informed us of the plans to redesign this bathroom in the near future so it is more suitable for people with limited mobility.

People visiting the service told us they were made welcome by friendly and caring staff and had unrestricted access to their relatives. They told us they were happy with the care provided and had no concerns about their relatives safety.

The service had sufficient staffing levels in place to provide the support that people required. People told us staff were responsive and available when they needed them.

Staff had been recruited safely, appropriately trained and supported. They had the skills, knowledge and experience required to support people with their care and social needs.

Risks in relation to people's daily lives were assessed and planned for to minimise the risk of harm. The service held appropriate policies to support staff with current guidance. Mandatory training was provided to all staff with regular updates provided. The registered manager had a record which provided them with an overview of staff training needs.

Accidents and incidents were being recorded and reported and any lessons learned were shared with staff. The service learned by any mistakes and used this as an opportunity to raise standards. There was a culture of openness and honesty and staff felt able to raise concerns or suggestions.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

The way medicines were managed was safe. Staff responsible for the administration of medicines had the necessary competency and skills required. Medicines were stored securely and safely.

There was an emphasis on promoting dignity, respect and independence for people who lived at King Charles Court. There were examples of people improving and regaining their mobility. In one instance, a person was able to return to their own home, through the determination of staff and with the support of other health professionals. People told us staff treated them as individuals and delivered person centred care. Care plans confirmed the service promoted people's independence and involved them in decision making about their care.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

The service had safe infection control procedures in place and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

There were a range of quality assurance arrangements at the service in order to raise standards and drive improvements. For example, audits to ensure quality in all areas of the service were checked, maintained, and where necessary improved. However, people told us that the organisation did not always keep them informed of changes occurring in a timely way. We have made a recommendation about this.

The registered manager, deputy manager and team leaders engaged with all stakeholders of the service. People's views were taken into account through regular communication and surveys. The results of the most recent survey had been positive.

There was a system in place for receiving and investigating complaints. People we spoke with had been given information on how to make a complaint and felt confident any concerns raised would be dealt with to their satisfaction.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service is well led.	**Good**

King Charles Court

Detailed findings

Background to this inspection

We carried out this comprehensive 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 inspection took place on 12 December 2017 and was unannounced. The inspection was undertaken by one adult social care 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 reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with five people living at the service. Not everyone we met who was living at King Charles Court was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with eight staff, the registered manager, operational director and the registered provider. We spoke with six visitors and received information from three external healthcare professionals.

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

We looked at care documentation for four people living at King Charles Court, medicines records, three staff files, training records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People and their families told us they felt it was safe at King Charles Court. Comments included, "Yes, I feel safe here visitors must sign in and out," "We know we can walk away from here and be sure [Person's name] is safe. Wonderful peace of mind," "I feel very safe. Staff are always around if I need them" and "I could fall but staff have given me the confidence to move around and I know they are always close by."

There was a safeguarding adults policy in place to support staff with guidelines to use if abuse might be suspected and to support them in the decision making process. Staff were aware of the safeguarding policies and procedures. Staff told us they were confident of the action to take and who to contact if they had any concerns. Staff had received safeguarding training and had regular updates on Safeguarding Adults. Where necessary there was access to advocacy services so people had independent advice and support. There were body maps in place to record any injuries should they occur, with an explanation as to how they had happened. This provided a clear record to demonstrate any patterns or concerns. One staff member said, "I think we are all made very aware of the need to report anything we might be concerned about, because residents are vulnerable."

There was a whistleblowing policy in place to support staff to raise issues if they had concerns. It meant they could report these concerns and be confident they were being listened to. The registered manager had systems to investigate any issues reported to them. This meant people were safeguarded from the risk of abuse.

The registered manager and senior staff understood their responsibilities to raise concerns, record safety incidents, near misses, and report these internally and externally as necessary. Staff told us if they had concerns management would listen and take suitable action. If the registered manager had concerns about people's welfare they liaised with external professionals as necessary, and had submitted safeguarding referrals when it was appropriate.

Care plans had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. Risk assessments provided instructions for staff members when delivering care and support. These included moving and handling assessments, nutrition support, medical conditions, mobility, fire and environmental safety. There were personal evacuation plans (PEEPS) in place for staff to follow should there be an emergency. The plans were up to date and had the correct names associated with the rooms they were occupying to support evacuation. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

Recruitment records showed staff had been recruited safely. All necessary checks were in place to ensure people were safe to work with those who may be vulnerable.

The service had sufficient numbers of staff to meet the needs of people. There was a skill mix which meant peoples diverse needs were met by a staff team who were knowledgeable and able to deliver care safely. We observed staff were patient and unhurried in their duties. For example, one person was not ready to get up.

Staff acknowledged this and frequently checked on the person's welfare. This person's nursing needs meant frequent re-positioning was required to prevent pressure damage to their skin. Staff explained to the person why they were frequently checking on them and that it was for their welfare. It demonstrated staff understood the importance of acknowledging a person's choice but also how to continue to support that choice with more regular observations.

Accidents and incidents that took place in the service were recorded by staff in people's records with a central duplicate copy so information was accessible at all times. Events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Records showed actions had been taken following these audits to help reduce risk in the future. For example, there had been a number of issues and concerns about people's safety when they were coming into the service at the main entrance. This was due access difficulties resulting in people having to be transferred in a less than dignified way.. It was seen to be a potential risk if a hoist was required for the person to enter the service. This was reviewed and the entrance was redesigned so it could be accessed using wheelchairs and ambulance chairs. In another instance staff reported their concerns that when tea time meals were being delivered to the first floor they were not always warm enough. This was due to the distance and time taken to deliver the meals to people. The registered manager identified this had the potential not to meet food hygiene standards. A heated food cabinet was now in place on the first floor, so food was maintained at a safe temperature. This demonstrated the service had learnt lessons from these issues and took action to help reduce risks to people.

Medicines were administered to people by nursing staff who were competent to carry out the role safely. There were regular training updates to ensure practice was up to date and staff were using current pharmaceutical guidance and legislation. Medicines were being administered as prescribed. Medicine storage cupboards were secure, clean and well organised. Medicine fridge temperatures were taken daily and recorded. This helped ensure that the safe cold storage of medicines could be assured.

Some prescription medicines required stricter controls. The controlled drug records were accurately maintained. When checking one person's record, the balance of this type of medicine was accurate and records showed it was always checked by two appropriately trained staff.

People were cared for in a clean and hygienic environment. Housekeeping staff had suitable cleaning materials and equipment and followed a daily cleaning routine; There were regular checks in place on cleanliness, use of personal protective equipment such as aprons and gloves. Infection control audits were in place and the management team made regular checks to ensure cleaning schedules were completed.

Records were available confirming gas appliances and electrical equipment had been regularly checked to ensure they complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. Slings were designated for each person and were not shared but kept in their own rooms. This meant each sling was appropriate for the person.

Good

Is the service effective?

Our findings

People using the service and relatives told us they were confident in the competency of the staff supporting them. One relative told us, "[The person] loves it here they're [staff] are very good with [the person]. Staff told us the training and support they received gave them the skills needed to undertake their role. Staff comments included, "Very good, it's a good place to work and we get all the training support you need "and "Some of us have the training and then cascade it to the other staff. It's a good way of learning."

The service was well maintained, with a good standard of decoration. The service regularly updated the environment especially when rooms became vacant. People who were mobile had the capacity to move around the service without the need for additional pictorial signage. People who were currently occupying the service with limited capacity were cared for in bed. We discussed the importance of clear signage to support people with additional orientation needs around the service when people might be admitted with cognitive impairment but could be independently mobile. The registered manager agreed and would discuss this issue with the registered provider. There was limited storage due to the design of the service. A bathroom was being used as a storage area. This meant it was difficult to use this bathing facility if requested. We discussed this with the registered manager. They told us this room was to be updated and a new and more suitable bathing facility was being installed soon. This would give people using the service greater choice. Wheelchairs and moving and handling equipment were stored safely and did not pose risk to people's movement around the service.

Staff received continuous and ongoing training to carry out their role with regular updates taking place, so they were familiar with current good practice and guidance. Specific training was available to staff where certain conditions required the specialist knowledge. For example, clinical nutrition, emergency first aid at work and using a defibrillator

Newly employed staff were required to complete an induction before providing support independently. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction programme covered orientation to the premises and included fire procedures, staff handbook, safer working practice, safeguarding, infection prevention and control, moving and handling, equality and diversity, practical skills, medicines and record keeping. The induction was in line with the Care Certificate which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had completed or were working towards completing the care certificate and had shadowed other workers before they started to work on their own.

All members of staff met with the registered manager or senior staff regularly to discuss their performance and training needs although this was not always recorded formally. There were also regular visual checks made on staff competencies. Staff told us they thought this was a good way of making sure they were doing things right and did not find this form of supervision intrusive. An annual appraisal was held with each staff member and recorded. It was a two way meeting with the staff member having the opportunity to

contribute to their performance review as well as looking at their future learning and development needs. A staff member said, "We are very well supported. There is no doubt about that." This demonstrated staff comments were valued and supervision was a two way process. We observed the frequency of supervision meetings were greater in the early part of staff's employment when they needed the most support. For example, new staff had interim supervision after a month in post to see if they were comfortable in their role and identify any training issues. One such meeting was taking place on the day of the inspection for the most recently employed member of staff.

The service had looked for suitable technology to support a person who had been unable to physically use the call bell system to alert staff. A number of new technology options were investigated and tried until a miniature hand mat had been found the most suitable choice for the person. This demonstrated the service looked at all possible options to support the person so they were not disadvantaged.

People's healthcare needs were carefully monitored and discussed with the person or appropriate family members as part of the care planning process. Care records showed where other health professionals had been contacted or visited. A visiting professional told us, "Always engaging [staff] and listen and act on advice." Another professional told us, "A very good service where staff engage very positively with us."

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. The service held an appropriate MCA policy and staff had been provided with training in this legislation.

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 service had applied for some people to have potentially restrictive care plans authorised. There were no current DoLS authorisations in place at the time of the inspection.

The service had clear records for people who had families appointed as lasting powers of attorney, to act on their behalf when they did not have the capacity to do this for themselves.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People chose when they got up and went to bed, what and when they ate and how they spent their time.

We observed staff members asking people for their consent before delivering care or support and they respected people's choice to refuse care. For example, one person was asked if they were ready for lunch. They said they did not want it 'just yet'. Staff acknowledged and respected this and told the person, '"It's no trouble we can get it to you later or if you fancy you can have something else."

There were no restrictions in the budget for food. This meant the chef had a number of options and choices available to them. They said, "I can order a range of different foods. People like different choices and that's no problem." This demonstrated the service ensured people's choices were acknowledged.

People told us they were satisfied with the food and choice of meals. Two people said, "It's excellent I

haven't had a poor meal, it's very good and there is a choice mains. There is ample quantity and if it's a hot meal it is served hot." People had access to a range of suitably nutritious food. The chef told us they took pride in the way food was prepared and presented. For example, some people required food in a soft texture. The meal was presented with the ingredients being set out separately and looked appetising. The chef told us they used fresh ingredients on a daily basis and that there was plenty of provision for individual choices. The service was rated by the food standards agency with five stars at the last inspection. This is the highest rating which can be achieved. The chef and kitchen staff were very proud of the way the kitchen was run. They said, "We are very proud of the meals we present and the choice we give." The chef was passionate about the delivery and quality of food. They had received an award for this which made the local press for showing initiative in the quality and range of food they prepared for people in residential care.

People had access to cereals, toast, porridge and a hot option at breakfast. People told us they liked the choice available to them and that it was always well presented. They said, The food is excellent, too much and there's plenty of choice. We get plenty of tea and coffee or juice if we want it." At lunchtime the kitchen provided people with two choices each day. If people did not like any of the choices, alternatives could be prepared. There were lighter options available to people at tea time. Fresh fruit was available to people and as well a choice of cold drinks. Some people told us they liked a glass of wine with their meal and we observed this was provided to those who wanted it.

Where people needed support to eat there were enough staff to help them. Staff sat with the person and spoke with them throughout. Where peoples capacity was affected staff took time to explain what the food was and ask if it was too hot or warm enough. It demonstrated staff had the time and understanding to support people and ensured they had enough to eat and drink.

Some people needed to have their food and fluid monitored for individual health conditions. Where this was the case food and fluid charts were kept in their room. These were up to date and provided a clear picture about how the person had been supported with their food and drink intake. People who experienced swallowing difficulties had been assessed by a dietary and nutritional specialist. Instructions about their nutritional care were on individual care plans and had been followed by staff.

Good

Is the service caring?

Our findings

People who lived at the King Charles Court and their families told us they were happy living there and felt well cared for by a committed staff and management team. Comments were positive. People told us, "I can't sing their praises highly enough." "I'm looked after really well by all the staff
I have no complaint around my care" and "The carers they are a brilliant group, a happy bunch, I look forward to them coming in."

Visitors were welcome at any time. Throughout the inspection families were visiting. They were made to feel welcome by staff on duty and the registered manager. Three visitors told us they were always made to feel welcome at any time. They said, "Whenever we visit we are made to feel welcome and offered drinks and biscuits or cake" and "They're [staff] more like a family".A staff member said, "Relatives are welcomed and encouraged to come and visit. Some even join in with the activities or have a meal with us."

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each person's individual character and there was an extremely sensitive and caring approach observed throughout our inspection visit. A staff member said, "Everybody is different and all the residents have had different life experiences. Its common sense to respect everybody's choices and beliefs but the training we've had in equality and diversity supports us."

When people came to live at the service, the registered manager and staff asked them and their families about their past life and experiences. This way staff could have information about people's lives before they lived at the service. This was important as it helped care staff gain an understanding of what had made the person who they were today. Life histories were held in care plans and staff were able to tell us about people's backgrounds and past lives. They spoke about people respectfully and fondly.

Staff respected and supported what mattered most to people. For example, one person's personal profile called 'All about me' recorded information about what was very important to the person. The person had a lifetime interest in fresh flowers and their family was very important to them. The person's room had family photographs around them. The person wanted to speak about the photographs and this made them smile as well as speak of some emotional events. It was clear the person liked to reminisce about the times in the photographs. There were vases of fresh flowers in their room. The person told us they loved having the fresh flowers. It showed staff clearly understood how important these things were to the person. One staff member told us, "[Person's name] gets so much out of those things. It's so important to [the person] and we understand that as do the family."

Systems were in place to ensure people's privacy and dignity was upheld. For example, people had their own rooms and doors were closed when personal care was being delivered. There was a screen available close to the lounge and dining area so that a person's privacy and dignity was respected if someone became unwell or required immediate support. Track hoists in peoples own rooms were replacing the need for mobile hoists.

There was a clear rapport between all staff with people using the service. Banter and humour was being used and people were relaxed and comfortable with each other. People were spoken with in a polite and respectful manner. They were assisted by staff in a patient, respectful and friendly way. One person said, "Staff always have the time to sit with me while I tell them a joke or two." People's welfare was being checked on regularly. For example, when people remained in bed or in their room. Staff were frequently calling in rooms to check on people's welfare. Records recording any daily interventions supported this. For example, "[Person's name] supported with a drink" and "Supported with lunch. Asked if [person's name] needed anything else." Staff were continuously moving around the service but always had time to stop and engage with people. This demonstrated the empathic and caring approach, while giving people every opportunity to make their own decisions.

People said they were involved in their care and decisions about how they were being supported. They told us staff always asked them before providing any care and support if they were happy for them to go ahead. People were encouraged to make decisions about their care, for example when they wanted to get up, what they wanted to eat and how they wanted to spend their time. Where possible staff involved people in their own care plans and reviews. Families told us they knew about the care plans and the registered manager would invite them to attend any care plan review meeting if they wished.

The registered manager and staff clearly understood people's needs and preferences and gave examples of how they supported people in their care. For example, they were able to describe behaviours which indicated when a person was happy or anxious. Also what action and prompts that might be taken if they were in an anxious state of mood. This showed staff understood the care and support people needed.

Where necessary people had access to information about advocacy services which provided independent advice and support. This ensured people's interests would be represented and they could access appropriate support outside of the service to act on their behalf if needed.

Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

Good

Is the service responsive?

Our findings

People told us staff were responsive to their care needs and were available when they needed them. We observed staff members undertaking their duties and responding to requests for assistance in a timely manner. Call bells were answered quickly and people did not have to wait. The people we spoke with said they were happy with their care and the attention they received from staff. Comments included, "They [staff] have all the time they need. I never have to wait long for a call to be answered" and "[Person's name] has been poorly on occasion but the manager and staff make sure we are kept up to date with any changes. It gives us confidence and peace of mind."

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. Everyone had a care plan in place. The care plans were detailed and included current information about people's nursing care needs as well as their social support needs and wishes. Records included information about how nursing needs would be met. For example, re-positioning charts, monitoring food and fluids and pressure area care. Care plans were clear where people required additional nursing care, for example with medical interventions. This information was shared with other relevant health professionals to ensure they had information about individual's nursing needs. Care plans were reflective of people's needs and had been regularly reviewed to ensure they were up to date.

Daily welfare notes were in people's rooms and were consistently completed by staff. This enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. This meant staff were able to respond promptly to people's changing needs.

The service was very responsive to individual's needs. Staff found creative ways to enable people achieve improvements in their overall health and welfare. For example, one person had been admitted to the service with a condition that meant they were unable to walk and had limited physical movement. Staff had encouraged the person to achieve independence in taking a drink independently. A staff member told us, "It was a red light moment where [the person] and staff recognised we all might be able to work on this and improve the movement." By making a referral for a multi-disciplinary approach it resulted in a gradual improvement. Staff told us it wasn't just the physical improvement, it meant the person had gained confidence in themselves. The outcome had resulted in the person being discharged home within eight months of the initial diagnosis.

A health professional told us how exceptional the staff team were in supporting and improving a person's independence when there was chronic illness. They told us the person was supported so well and positively that they were now experiencing a level of independence they thought they had lost. They told us, "Only with the kindness, patience and encouragement of the staff could this have happened" and "Excellent home. People are put first and they [staff and management] are very proactive." They said staff embraced the positive working relationship with the local surgery and worked positively with senior practice staff who liaised with the service weekly for any updates. This demonstrated the service's person centred approach to

care planning and responding to individuals needs which had greatly enhanced people's lives.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Air filled pressure relieving mattresses were provided. Mattresses were set correctly for the person using them. There were weekly checks taking place to make sure the setting of the mattress remained accurate for the person at all times.

Some people required regular re-positioning. Staff completed these records appropriately when they provided care and support. The Tissue Viability Nurse told us staff were very responsive and reported any red or sore skin which was found when they were providing care to people.

Where appropriate people had an end of life care plan which outlined their preferences and choices for their end of life care. Supporting people and their families through end of life was seen as an essential and continuing part of care by the service. The service had arranged for medicines to be used if necessary to keep people comfortable. The registered manager and staff gathered as much information during the assessment and review process to record information that would support the person and their family when entering the final stage of their life. For example, choice of funeral and informing people who were significant in the person's life.

The service had a full time activity coordinator who had the knowledge, skills and resources to support people in a range of activities. A monthly activity plan was placed on the notice board so people knew what was happening and could make a choice as to whether to take part. There was a list of Christmas activities including a pantomime to which friends and families were invited. Visiting singers came in from a local school. There were group and individual events that took place in the service regularly. For example, memory games, music sessions and arts and crafts. On the day of the inspection a juggler was visiting the service. Not only did they entertain a group of people in the lounge, they then visited people in their own rooms if they wanted them to. There were regular trips out into the community. On the day of the inspection a number of people were going out to see the Christmas lights followed by a fish and chip supper. Prior to the event a risk assessment was carried out to review individual risks associated with travelling in a vehicle including any medicines which might be required as well as mobility equipment. It was well attended and people were looking forward to the event.

The service held a policy on equality and diversity which formed the basis of recognising and responding to peoples diverse needs without discrimination. Staff had training available to them on equality and diversity and good practice. This helped ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. For example, one person could no longer attend church services which had been important to them. Arrangements were made for the service to be filmed using a hand held device so the person could enjoy the service soon after.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the complaints policy. People told us they had not had any reason to complain. Concerns that had been raised to the registered manager had been investigated fully and responded to in an appropriate time frame. All were resolved at the time of this inspection.

Good

Is the service well-led?

Our findings

The service is required to have a registered manager. 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 service had a registered manager in post. People, relatives, staff and visiting healthcare professionals told us the manager was approachable, listened and acted on information that was presented to them.

The service had the latest CQC rating on display where people could see it. This has been a legal requirement since 01 April 2015.

There was a management structure in the service which provided clear lines of responsibility and accountability. The extended management team had recently achieved a management qualification in leadership. The registered manager told us, "By having all three of us doing this qualification together means we have developed our management and leadership skills which will benefit the home." This meant that governance arrangements were properly supported. The registered manager and senior members of staff understood what was expected of them. For example, clinical governance was the responsibility of a nurse. Audits and procedures were reviewed and developed by the registered manager in conjunction with an operational director. This meant systems for the operation of the home were being constantly reviewed and changes made where identified as necessary.

There were effective procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing the services medication procedures, pressure care including pressure mattress audits so they were suitable for the person specific needs, accidents/incidents, nutrition, infection control and maintenance of the building.

The registered manager worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included social services, community matron, and other healthcare professionals.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths.

The registered manager spent time within the service on a daily basis so they were aware of day to day issues. The registered manager told us they felt it was essential to make themselves available so staff, people using the service and visitors could talk with them whenever they felt they needed to. A staff member said, "[Registered manager] is always available and easy to speak with. It gives me a lot of confidence knowing I'm supported." There was a clear vision and strategy to deliver high quality care and support. The operational director visited the service regularly and offered support to the registered manager.

Staff met regularly with the registered manager, both informally and formally to discuss any problems and

issues. There were handovers between shifts and during shifts if changes had occurred. This meant information about people's care could be shared, and consistency of care practice could be maintained.

People and relatives told us they were happy with the way in which the service was run. A relative said, "Very confident in the managers. They know what they are doing because they've worked together for some time." People using the service told us, "[Registered manager] is lovely, always around. Doesn't just sit in the office" and "I definitely think they are well managed."

There were messages left by relatives of people who lived or had lived at King Charles Court commenting on the service provided. Comments included "Cannot speak highly enough of the care [relative] receives from all the staff" and "We cannot thank everyone enough, we can now sleep at night knowing [person] is safe and well cared for," "A very positive experience for my [relative] and all our family" and "All the staff are excellent and caring."

There were systems in place to support staff. Staff meetings took place regularly for all staff. These were an opportunity to keep them informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. A staff member told us, "We are all expected to attend meetings and it's important because it keeps us updated about things. If we can't make it minutes are available so we don't miss anything."

There were quality assurance procedures in place to gain the views of people using the service. The most recent survey was positive in all areas. People commented on the environment, care, services including meals and activities and the management of the service. Comments included, "Brilliant management and staff," "A welcoming and compassionate home," "The kindness from every member of the team to our family is deeply appreciated" and "Strives to meet my [relatives] developing needs." Staff members told us they felt valued and enjoyed their work.

The service had an open and transparent culture. The registered manager was proud to inform us that they were recently placed in the top twenty of care services in the South West. The registered manager told us this motivated everybody especially the staff team who told us they were very proud to be part of delivering a good level of care to people and that this had been recognised through independent reviews of people's experiences of the service.