The Knoll Care Home Limited

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Inspection report

33 Preston Road
Yeovil
Somerset
BA21 3AE

Tel: 01935421822
Website: www.theknollcarehome.co.uk

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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?	Outstanding ☆
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The Knoll Care Home is registered to provide care and accommodation for up to 34 older people. At this inspection there were 29 people living at the home. The provider offers respite (short stay) care.

The home is a converted Victorian house with purpose built extensions; it has two floors with communal spaces such as lounges and a dining room on the ground floor. There is a garden and courtyard area for people to spend time outside. People were able to freely move between the building and gardens. At this inspection everyone had their own individual bedroom.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good

The home continued to ensure people were safe. There were sufficient numbers of suitable staff to meet people's needs and to spend time socialising with them. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. The registered manager and staff continued to encourage people to remain independent. People received their medicines safely and ways were found to reduce the amount of medicines people required. People were protected from abuse because staff understood how to keep them safe and informed us concerns would be followed up if they were raised.

The home continued to ensure people received effective care 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 who required special diets had their wishes respected and meal times were treated as a social opportunity. Staff had creative ways to support people who were struggling to eat or drink. Staff had the skills and knowledge required to effectively support people. People told us and we saw their healthcare needs were met. People were supported to see other health and social care professionals when they required additional support.

The home provided an extremely caring service to people and their relatives. People told us, and we observed that staff were kind and patient and went above and beyond for them. People's privacy and dignity was respected by staff and their cultural or religious needs were valued. People were involved in decisions about the care and support they received. People's choices were always respected. People had their end of life preferences recorded and staff ensured these would be carried out.

The service remained responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. Activities provided a range of opportunities both in the home and the community. These considered people's hobbies and interests and as far as possible reflected people's preferences. People knew how to complain and the management facilitated a range of opportunities for them to discuss concerns.

The service continued to be well led. People, relatives and staff spoke highly about the registered manager and senior staff. There were times the registered manager would go above and beyond their duties to provide a caring environment for people. The registered manager and provider continually monitored the quality of the service and made improvements in accordance with people's changing needs. When concerns were raised during the inspection the management were proactive in responding to them.

Further information is in the detailed findings below

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 Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service is now Outstanding	**Outstanding** ☆
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

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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 inspection took place on 30 and 31 August 2017 and was an unannounced comprehensive inspection. It was carried out by one inspector, one specialist advisor nurse who had experience of working with older people and one 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. They specialised in care for older people and people living with dementia.

Before the inspection, we looked at information we held about the provider and home. This included their 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 took this into account during the inspection.

We spoke in depth with 16 people that lived at the home and had more informal conversations with others. We spoke with the provider, registered manager, and ten staff members, including a chef, nurses, maintenance staff and care staff. We spoke with seven visitors, including relatives.

We looked at four people's care records in depth and various records for nine other people including medicine administration charts, risk assessments, oral care and wound care records. We observed care and support in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at four staff files, previous inspection reports, rotas, audits, staff training and supervision records,

health and safety paperwork, accident and incident records, complaints book, compliments book, safeguarding records, minutes from staff and resident meetings, records from the schemes and activities in the home and a selection of the provider's policies.

Following the inspection we asked for some information from the registered manager including some actions taken for things we identified during the inspection. The registered manager returned all information within the required time frame.

Good

Is the service safe?

Our findings

The home continued to provide a safe service to people. People told us they felt safe and their visitors confirmed this. People answered, "Yes" when we asked if they felt safe and "I feel safe and well cared for here". One relative said, "She is safe" when they were asked if their family member was. Another visitor told us, "I believe she is safe and is cared for".

The PIR told us and we saw people were kept safe because they were supported by staff who understood and recognised signs of abuse. One member of staff told us they would "Report to management" if they had concerns. All staff agreed action would be taken by management. If for some reason it was not followed up they all knew about external bodies they could raise concerns with.

People were kept safe and independence was promoted because risks were managed well. One relative said, "They are trying to move her and drink regularly" to prevent risks of malnutrition or pressure related wounds to their family member. One member of staff said, "We are always risk assessing". Each person had risk assessments in place including possible skin damage, accessing the community and mobility. These identified the risks and how to mitigate them. For example, when one person moved into the home with pressure related wounds staff successfully treated these wounds so they healed. Their relative said, "When he came from hospital with a bed sore on his foot. They got it cured. [Name of staff member] took photo of it. They persevered and got it healed. Never had one since".

People were supported by staff during transfers with equipment so they were safe. For example, one person who was becoming anxious was reassured by staff. On one occasion a person living with dementia became distressed prior to the hoist lifting them. They said, "I don't trust you" to the staff. In response, the two members of staff remained kind and calm. One of the staff offered to hold the person's hand during the transfer for reassurance. When it was clear the person was not ready they calmly told them they would try again later. The person remained in their wheelchair to attend the activity with a special cushion to protect them from pressure related wounds.

People were supported by staff who had been through a suitable recruitment procedure. This included checks on staff suitability to work with vulnerable people and references from previous employers. People were now part of the recruitment process for new staff. The registered manager told us they had recently changed the interview structure. They wanted to ensure people had a voice about the staff who would be supporting them. This was then taken into account during the selection process. By doing this, people were empowered to have input on the staff who would be working in their home. However, there were occasions where an employment history had not been collected for some staff. We spoke with the registered manager and provider who immediately went and started collecting the additional information.

People were supported by enough staff to meet their needs and wishes. People said, "Yes I think there are enough staff day and night, they come fast and I always feel I can ask for help" and "Yes there are enough staff". One relative told us, "They [meaning the staff] would respond as quickly as they could". Staff told us there were enough staff working at the home. We saw call bells were responded to in a timely manner. When

there had been issues with the call bell, the registered manager had investigated and contacted the company to resolve the faults.

People's medicines were safely managed and administered by staff who had received appropriate training. There were systems to audit medication practices and clear records were kept to show when medicines had been administered or refused. When there had been a medicine error these were managed well. Staff found proactive ways to avoid using medicines to manage people's anxiety when they became upset. For example, one person was displaying more distress and anxiety due to their dementia progressing. Staff liaised with other health and social care practitioners to find solutions to support the person. As a result, the person helped to fold napkins for meals and clothes in the laundry. By doing this they remained calmer and less in need of medicines. There were occasions when records lacked all the details required to provide guidance to staff. We spoke with a senior member of staff who immediately started reviewing people's care plans in line with current best practice.

People were kept safe because the management took action following reviews from external agencies. For example, the local fire service officer had suggested some improvements to make the home safer. This included special strips in doors to seal them in the event of a fire. These elements had been acted upon and put in place. There were regular health and safety checks around the home to ensure people were kept safe. All upstairs windows had restrictors on to prevent them opening too far and there were routine fire alarms.

Good

Is the service effective?

Our findings

The home continued to provide an effective service to people. People were asked for their consent before staff supported them. 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.

When people lacked capacity there were clear records of discussions with those important to them prior to making any decisions. One member of staff told us, "We consider their [meaning people's] choices and preferences". Whilst others explained they try other ways first to ensure all least restrictive options have been tried. On occasions each decision did not have a separate capacity assessment to go with the best interest decision. This did not always reflect the provider's PIR and policies. We spoke with the registered manager who said they would review how they record all the decisions to ensure it was in line with current national guidance.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support staff in this area. People who lacked capacity had DoLS applied for when staff recognised there had been restrictions made to keep them safe. There was a system in place to ensure that appropriate action could be taken when DoLS were due to expire.

People were supported by staff who had received enough training to meet their needs and wishes. Staff said, "Training is never ending" and "You think you complete it all and then it starts again" Whilst others told us, they had completed an induction in line with the current national standards and were undertaking specialist health and social care qualifications. The ethos of making things centred on the person extended to staff training. For example, one member of staff who had English as a second language was identified as struggling to understand group training. Therefore, a senior member of staff went through all their training on an one-to-one basis so their understanding could be checked.

All staff confirmed they had regular supervisions from a more senior member of staff. One member of staff told us, "Senior staff observe the care team" to make sure they provided high quality care. It was also an opportunity to ensure they were transferring people safely in line with the training they had received.

People told us the food was better than it had been in the past and their dietary requirements were met. Some people said, "We do have food choices and I like the food" and "Food is pretty good". When people expressed a preference for food this was met. For example, staff were drinking fizzy, flavoured waters and some people spotted what they were drinking. They asked if they could have some so now there were flavoured waters in the snack areas. Another person liked hot pepper sauce so it was provided for them. When people moved into the home who had a small appetite staff would find ways of encouraging them to

eat.

Relatives told us, "Food has improved. Really, really good. Now cooking themselves" and "Food is great". At each meal there was a choice of two options for the main meal and two pudding options. One member of staff who regularly worked in the kitchen explained they created new things after speaking with people about their preferences. They told us, "Last week I found a recipe for cheese scones and made butter from scratch". On another occasion a person asked them for pancakes so they made them six. They gave the person sugar and jam on a tray to go with them. The menus were reviewed regularly and if any of the invented meals became popular they would become part of the main menu choices. For example, one person had asked for eggs benedict. Others saw this and liked it. Now it was a breakfast choice on the main menu.

People had access to a range of health and social care professionals to meet their needs. Some people told us, "My chiropodist comes regularly" and "My doctor would be sent for if I needed antibiotics for anything". One relative said, "They [meaning the staff] were quick at responding to pain". When people made specific requests about their health, staff did their best to follow this up. For example, one person had recently been provided with some hearing aids to help them hear better. The person told staff they were not happy with them and wanted to buy some more discreet ones they had seen another person with. Staff had been in contact with specialist providers to get brochures and look into other options. Another person had been diagnosed by an out of hours doctor with an infection. When the prescription for the medicine was not made available some of the staff at the home chased this up to ensure they got it in a timely manner.

People were able to personalise their bedrooms how they wanted. To help people identify their rooms in the corridor they designed their own picture frame which were placed on the bedroom doors. We were shown someone's bedroom where they had selected a picture of a car in the design of a pink pig and some flowers. One member of staff explained the person had helped to choose what went in their picture frame. The person smiled and nodded whilst we were talking, looking animated and pleased about the pictures. Another person had chosen the colour of their carpet when it was being redecorated.

Outstanding ☆

Is the service caring?

Our findings

People were supported by a management team and staff who consistently went over and above their job role to ensure people's happiness and well being. People's comments showed how much this was appreciated. One person said, "They look after me well" and their relative continued, "He loves all the carers. I think they look after him very well". Other people told us, "Yes they do care. I can have visitors anytime I want them", "I trust them and feel I can talk to them. I feel very well looked after here" and "Majority of the staff are excellent and uplift me in the morning when they say 'good morning' just to me, they don't have to do it, there are so many of us in here". One relative told us staff "Are brilliant and love their mum to pieces". Other relatives told us, "He is well cared for", "It is a nice home and friendly" and "Everyone is very kind". Members of staff explained it was like they had a second family. One member of staff affectionately called the people their "Outside family". Another member of staff said they were "All here for the residents".

Compliments received by the home reflected feedback found on the inspection. One said, "You have really made mum's time with you a lovely experience. Your kind staff, smiling faces, sense of fun and care in what has been a different year have made mum very happy". Others read, "I just want to congratulate you on being a lovely home with lovely staff and residents" and "I wish to take this opportunity of thanking the Knoll Nursing Home and all its staff for taking such great care of my father [name of person] during his stay with you".

There were times people were supported by staff who went above and beyond their duties to ensure people were well cared for. One relative said, "They go out their way to give her [meaning their family member] personal attention". Another relative was telling us how they had recently had a fall so were unable to travel to the home to visit their family member. They made it clear how important this was to them by saying the person was the love of their life. In response, the staff had organised travel from their home to the care home so they could regularly visit. Another member of staff, who had previously trained as a hairdresser, brought in their equipment on a day when the hairdresser was not due. This ensured people's preferences of when they wanted their hair cut was followed.

One member of staff told us they had spent a whole year fundraising over one thousand pounds so people could have an indoor cinema experience in the dining room. They had purchased a screen and projector with the money. During the inspection we saw the projector being used and people getting excited about the film being shown. One member of staff explained they had experimented putting films on whilst people were eating lunch and found it stimulated people to eat more for those who had poor appetites.

The staff had introduced a new approach called "The three wishes". Through casual interaction with people staff ascertained if there were any things they wanted to make them feel special. Staff then got out a special lamp the person rubbed and made three wishes; these were written down in the book with completion dates to monitor they happened. Staff would then facilitate the person having those wishes granted. For example, one person wanted to go out shopping to buy a new television. The member of staff took this person out on the same day they made their wish so they could buy a surround sound television. Another

person wished they could "Have a chat with another guy". Again, this was facilitated by a staff member's husband coming in to have a conversation with them. This meant all people were valued and made to feel special when they expressed wishes they would like carried out no matter how small they seemed.

People were made to feel special because there was always a 'resident of the day'. One staff member was specifically allocated to carry out a 'magic moment' with that person. They were also part of the handover to staff sharing key things in their care plans to remind staff about the person's preferences. By having a member of staff focussing on supporting the person they were encouraged to spend longer with the person on a one-to-one level and get to know them better. Members of staff told us they found out important things about the person and could feed back to the care plan. If the person wished, photos were taken of these times and recorded in a file so those with some memory loss could be reminded about them. For example, some people, including those unable to leave their bed, potted up plants. Staff facilitated this by bringing pots, the soil and the seeds or plants to them on a tray. Other people played with musical instruments with a member of staff or spent time with a baby doll looking after it. One person had been doing some drawing with the member of staff. They said, "I loved doing it as I love patterns".

The registered manager repeated throughout the inspection this was people's home and they were part of the community. They told us it was about empowering the people to decide about their care and the running of the home. For example, they were now holding coffee morning style feedback sessions as well as more formal meetings for residents and relatives. The informal setting helped people to more easily express their views, make suggestions and have their voices heard.
The dignity champions supported this ethos. One staff dignity champion explained they ensured juice jugs were filled, bells were answered as promptly as possible and breakfasts were eaten. In addition, they liaised with family members in relation to any issues and made sure they were resolved. For example, there was an issue recently where the relative of a resident wanted to know why their mother was in bed and this was all resolved and explained via the dignity champion.
People were supported by staff who were kind and caring and took time to make sure people received on-going social stimulation and felt valued and respected. One relative said, "Every time staff go past they talk to her [meaning the person]". One member of staff was helping a person eat their breakfast in bed. During this the person became confused about their hearing aid. The member of staff spoke clearly and close to the person explaining after breakfast they would help them look for their hearing aids. When staff walked through the lounge during lunchtime they stopped to say hello and have a conversations with people eating their meals. During the day a person was being administered their medicine when another staff member walked in and greeted them. In response the person smiled back.

The registered manager had created a strong ethos promoting people's privacy and dignity. One person said, "They [meaning the staff] are always polite and always knock, I get on with them. My visitors are made welcome". Staff told us they would close curtains and shut doors prior to supporting someone with intimate care. They all knew to knock on doors prior to entering a person's bedroom. One member of staff told us they would "Explain what they are doing" when supporting someone. There were now dignity champions who had received additional training. Not only were staff promoting privacy and dignity but relatives who were regularly at the home attended the training too. One member of staff told us this had increased awareness about knocking on people's doors prior to entering and not talking about others in communal areas. This all helped to make sure people's privacy and dignity was promoted by everyone they came into contact with in the home. During the inspection we saw staff and relatives respecting people including their privacy and dignity.

The registered manager and staff continually strived for ways to further improve the culture of people being at the centre of their care. Recently two members of staff had been employed specifically as 'resident

ambassadors'. One member of staff told us their role was to be "The voice for residents" and provide additional support whilst the care staff and nurses were busy. During the inspection we saw the resident ambassadors visiting people in the bedrooms throughout the morning and supporting them with any needs they had. This increased social interaction for people and made sure their needs were met promptly. Another recent change was to remove people having a named member of staff as their keyworker. Instead they were being assigned teams of care staff. The registered manager told us this was to make sure if their key member of staff was not available there were other staff people or their relatives could speak with. Whilst we were talking with a relative they spotted a member of staff arrive at the home out the window and fondly told us how supportive they have been.

Staff supported people to maintain caring relationships with their family and friends. When people were unable to leave the home to shop staff made sure they could continue to acknowledge and celebrate special occasions. For example, there was a basket of spare cards which could be used for relative's birthdays or significant events by people living at the home. There were also presents kept in a box which could be used so people or their relatives were not forgotten.

Two people had expressed opinions about there not being much to look at around the home. One member of staff had sourced large pictures of country scenes. They told us they were going to rotate them so the scenes kept changing for people. They had placed two armchairs near the scene so people could appreciate looking at country scenes even if unable to leave the home.

People made choices and these were respected by staff. For example, one person was in bed and two staff went to see if they wanted to get up. The person said, "I can't be bothered". So the staff joked with them about the weather and wishing they could be in bed. They respected the person's wishes and said they would come back later. One member of staff was aware two people had made a clear choice not to be supported with intimate care by a staff member of the opposite gender; this had been respected by all staff.

People were listened to by staff when they expressed choices about the care they received. One person said, "I think the care is good and they do listen". Another person had their own fridge in their bedroom so they could have snacks at any time. There were occasions when people expressed they would like takeaway meals rather than what was on the menu. In response to this request the staff were arranging for some people to have a Chinese takeaway. On other occasions certain fast food chain meals were provided for those that wanted them. By respecting people's choices staff were ensuring there was personalised care for them.

People who had communication difficulties were respected by staff and they were supported to communicate using their preferred method. Alternative ways to communicate with them were explored so they were able to make choices. For example, one person who used to live at the home was profoundly deaf. One member of staff who could sign spent time teaching other members of staff some basic signs. For important meetings or when it was beyond staff capabilities translators would be sourced so they were involved and able to communicate their needs and wishes about their care.

Some people were living with dementia. When they were unable to verbally communicate their own choices their relatives were consulted. There was an abundance of documents to record conversations staff had with them. One relative said, "I think they look after him very well". They continued to explain the care staff regularly spoke about their family members care needs and wishes. If there were any changes they told us they would speak with the staff. Other people who were not able to express themselves and lacked family had advocates. These are visitors who speak on behalf of the person to express the choices on behalf of the person. When one person had become distressed during a visit from their advocate about a certain topic

staff respected this and waited for another time. This meant staff were finding ways of capturing the choice of people who had difficulty verbally communicating.

The staff were currently working towards gaining accreditation under the Gold Standards Framework. This was a set of criteria to ensure people received a high level of care including for end of life. As part of this they had introduced a system of colour coded flowers so when people had health issues all staff and relatives could be respectful and know the level of care required. For example, when a person passed away a blue butterfly was placed on their bedroom door. This was so relatives and visitors who were part of the community would know to be respectful.

People had their needs and wishes respected so they could have a dignified death. On occasions staff thought out of the box to make these possible. For example, one person discovered they would not live until the next Christmas. In response staff created an early Christmas day in October. The person's family was invited to the home as a surprise. They closed off part of the lounge area so other people would not get confused. Christmas decorations and Christmas presents were organised and we saw photographs of how happy the person was on their special day. Another person wanted to go to the beach and have a tour of Paris as part of their wishes. They were unable to do this so staff set up a virtual reality headset so they could have a virtual trip to the beach and another to Paris. During the inspection we saw these headsets being used for other people so they could explore things they were no longer able to do. This meant people could continue to experience things that made them happy regardless of their physical abilities. People became excited about using them and one person's favourite was petting a room full of cats.

During the inspection one relative visited the home to extend their appreciation to staff and the registered manager following the death of their relative a few months earlier. The card they had written said, "Thank you for the care and attention you gave to our mum [name of person]. Her last couple of years were not easy but you made her feel very at home and she made some very good friends among the staff. The way you looked after her at the end was wonderful and we can't thank you enough". The relative explained how caring staff had been when their family member moved into the home. They said, "They [meaning the staff] were very good for her. It suited her". Their family member's appetite had gone and the relative told us, "How she lived for so long I don't know". They described the inventive methods staff used to get their family member to eat small amounts of food throughout the day. This included the way they encouraged the person despite them being reluctant to eat by talking about "Nibbling and sipping". Even near the end they told us staff would get their family member out of bed. This helped to maintain the person's dignity and respected their wishes to be out of bed despite mobility issues. One relative said, "They knew her very well and liaised with me". Staff knew the person did not want to go to hospital so spoke with the doctor to ensure their wishes could be respected.

Some relatives were working with the registered manager and staff to create a memorial garden in the home. The registered manager was positive about relatives being as actively involved as they wanted. They told us they were part of the community and were currently looking into formalising the informal volunteering already happening. One relative said, "Relatives are supported and get together" and continued "Relatives need care as much as residents". They explained one of the purposes of their visits today was to finish off the memorial garden.

Good

Is the service responsive?

Our findings

The home continued to be responsive. People were encouraged to participate in activities both in the home and the wider community. People told us, "They have asked me what activities I would like but at the moment I need to think about it" and "I like bingo but not losing! I can have the vicar if I want to see him and he comes here regularly, they will get him if we want him, I am always listened to". One relative said, "They do nice barbecues and garden parties" and continued to say there was a "Brilliant Christmas party".

There were a range of activities organised for people to participate in. These were based around people's preferences. For example, one person had requested a visit from their miniature horse two years ago. The visit was so successful and other people had enjoyed spending time with the horse it was now a regular occurrence. Staff made sure the horse visited people in their bedrooms as well as the main lounge. We saw pictures of people laughing and enjoying their time with the horse. Staff were in the process of building links with animal rescue organisations because the visits from various animals had been so popular.

The activities coordinator was running armchair travel around the world sessions. This was an opportunity for people living at the home to explore a variety of different cultures through dress, films and food. For example, one month they visited Japan and people enjoyed tasting sushi which for some was the first time. It was an opportunity for people to reminisce if they had been travelling. Another country which had been the focus was France where they tasted chocolate truffles and champagne.

People were supported to attend local community events. For example, there was a local festival which the provider paid for taxis for all the residents who wanted to attend. During the visit they spent time at various stalls and chose what food they would like to eat. Staff informed us and showed us pictures of the cider stall being the most popular stop on the trip.

People were supported by staff to have personalised experiences. For example, one person's relatives liaised with staff about holding a surprise birthday party. The provider and staff ensured the dining room was decorated for the person. Family members who had not visited for a long time were hidden to surprise the person. Staff were currently working with other relatives to see if this is something they would like to do for their family member living at the home.

People had care plans which were personalised to their needs and wishes. One relative said, "They do know his needs" and told us the care is "All written down in his room". Another said, "They very much had a personal touch". They provided staff with information to help them support people. One member of staff told us the "Resident of the day" every day was an opportunity for their care plan to be shared with staff to remind them of their needs and wishes.

The PIR told us and we saw care plans contained people's personal history so staff could support people effectively whose memory was beginning to fail. For example, one person care plan informed staff about their previous occupation. All staff knew this when we spoke with them. The staff were also aware of the person's husband's occupation.

Detailed assessments were completed prior to people moving in so their care and health needs could be identified. People told us, "I was visited at home and did have an assessment" and "I had a home visit before I came here". The assessments gave staff information about people's mobility needs and health needs. People were encouraged to visit the home prior to moving in. One relative explained they had visited without notifying the home and made to feel welcome.

People and their relatives told us they knew how to complain. One person said, "I would go to the manager if I had to complain, not a carer, but have never had to complain, I would know what to do though". One relative told us if they had concerns they would, "Go to [name of registered manager] and person in charge and [it would be] dealt with promptly". Another relative said, "They were always responsive" and gave an example of where they raised a concern which was managed quickly. When concerns were raised the provider and registered manager responded to them in a timely manner. This included thoroughly investigating them and, if required, responding in writing. For example, one relative raised some concerns about their family members care. In response, a meeting was held and agreed actions were taken to ensure the care was good. This included a referral to the dentist and an audiologist to follow up some specific issues about health needs.

Good

Is the service well-led?

Our findings

The home continued to be well led. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives spoke fondly of the registered manager and the culture of high quality care they created. One person told us, "I see the manager every day, she is nice" and continued, "I think we have high quality care here". Another person said, "The manager is always flitting about, she is nice. I think the care is good". One relative told us, "[The registered manager] does take notice. They are lovely with residents" and continued "[The registered manager's name] works her socks off". The provider told us, "Coming down to visit is now a pleasure" meaning they had seen positive changes occurring in the home since the current registered manager was in post

Staff told us the registered manager often completed extra things to support the people living at the home and them. For example, at the weekends when they were not working the registered manager would bring their dog into the home to spend time with people as a therapy dog. On other occasions people had suggested they would like some cream cakes. The next day the registered manager would bring in a large amount of cream cakes and get the kitchen staff to make cups of tea for everyone. They would then have an impromptu tea party which respected the wishes of the people living at the home.

The registered manager and senior staff organised 'staff morale time' to demonstrate how much they appreciated the work staff did. They brought in cream cakes so staff could have some time together getting to know each other and were team building. When staff had specific needs the registered manager had an open relationship with them to support them. For example, one staff member told us they had a health issue and told us the registered manager was happy for them to work around their medical appointments.

The registered manager had created an open door culture at the home where people, their relatives or staff were welcome to speak with them. One relative said, "It is a lovely home". Another relative said, "It is like a second home". One member of staff said, "If we want to get something off our chest, she [meaning the registered manager] is there". Another member of staff explained it did not have to be work related either. All staff spoke highly about the registered manager and the support they had received from them. The provider told us they have an "Open and transparent relationship". They explained this helped them develop positive relationships with people, staff and relatives in order to get a picture of the home when they visit.

To promote high quality care the management had created a variety of leads in the staff team. For example, infection prevention and control leads in the home were given the responsibility to reduce the risk and spread of infections. Meetings were held every quarter with members of care staff, nursing staff, kitchen staff and housekeeping who formed this group. Monthly audits were completed by this new team of staff. Their role was to provide 'polite reminders' to other staff when it was identified improvements needed to be

made.

The management took proactive measures to ensure people received safe care and treatment. For example, during the periods of very hot weather which occurred over the summer they made sure staff had completed daily temperature checks of bedrooms. This included checking windows were open and purchasing fans for rooms most affected by the heat. Another scheme which had been begun by a senior member of staff was to check people's oral care. They had identified an under reported concern and potential cause for people's loss of appetite was denture and teeth issues. Therefore, staff received additional training and support to regularly check people's mouths and teeth so any of these issues could be managed appropriately.

There were systems in place to ensure people received high quality care. When staff were recognised as not recording information correctly which could lead to mistakes the registered manager took action. When errors were found these were investigated and solutions were found. If there were lessons to be learnt these were followed. For example, one relative raised a concern a person had not received their morning intimate care. Four members of staff received a responsive supervision with a senior member of staff to review their understanding of best practice care. During an internal health and safety inspection the management had found a broken boiler in the kitchen which was replaced. When unpleasant odours were found in a bedroom these were resolved by cleaners completing a deep clean of the carpets.

The registered manager had a close working relationship with the provider which allowed people to receive high quality care and find solutions quickly. They told us when they needed support the provider would take them away from the home to discuss matters. This meant they were free to resolve any issues rather than get distracted by the day to day running of the home. One relative said, "The management here is excellent. The management always support us".

The provider and registered manager welcomed feedback from others. Every year there was a questionnaire sent out to people, relatives, visitors and other health and social care professionals. When this identified areas for improvement actions were taken to resolve the issues. For example, some people did not know how to raise concerns about their care to outside agencies. The registered manager held meetings with people in the home to share this information again and gave out a leaflet so people would have it.

The registered manager empowered staff to drive the quality of care and experience of people forward. At staff meetings they reminded staff to bring their ideas and what they wanted to do. One of the schemes which had come from this was the 'Forget-me-not' club. This was a way of improvement suggestions being put forward by people and the staff. They would then find ways to take action to put these things into practice. For example, the three wishes was an outcome of the discussions which occurred at the club.

The registered manager had created a culture of improvement. They encouraged staff to take ownership of their own learning. For example, new training had been purchased so staff could select areas of interest and increase their knowledge. Staff meetings were used for information sharing and also training and development of the staff. For example, one meeting for care and nursing staff focussed on "Care and compassion". There were group exercises getting staff to focus on how they could make people's experiences better in the home. Additionally, they wanted to promote a positive environment for the people to live in. During the inspection we saw some of the suggestions discussed at the training put into practice.

The registered manager told us and we saw they welcomed feedback through more formal processes such as meetings and questionnaires. They also held informal coffee mornings for people to feel more relaxed about sharing any positives or negatives about living at the home. The registered manager explained by taking away the formality people often felt more able to say it how it was. This meant they were able to take

action to improve areas which were raised.

The provider and registered manager were constantly striving to improve the home. For example, this year they had set a goal to work towards and achieve the Gold Standards Framework. During the inspection we saw demonstrations of the work being carried out to achieve this. One senior member of staff talked us through the changes they had made to end of life. These had all been through discussions with people and their relatives as well as staff.

The relationship between the provider and the registered manager helped to drive forward the quality of care. We saw the provider received regular updates from the registered manager and completed more formal visits. During their visits they would check whether audits had been completed and actions taken. For example, in their last visit there had been an action identified around checking all the special mattresses used to prevent pressure related wounds. They had also identified an area in the car park which required some further maintenance to make sure it was clean and tidy.