

Kilmar House

# Kilmar House

## Inspection report

Kilmar House  
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Tel: 01579343066

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Kilmar House is a residential care home which provides nursing and personal care to adults. The service is registered to accommodate up to a maximum of 15 people. On the day of the inspection 14 people were living at the service.

The service is required to have a registered manager and at the time of our inspection 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 and associated Regulations about how the service is run.

We carried out this unannounced inspection of Kilmar House on the 9 January 2016. We saw people were happy living at Kilmar House. The atmosphere was friendly and relaxed and we observed staff and people using the service enjoying each other's company. People's comments included "Staff are marvellous", "It's terrific here," and "I have stayed at other care homes but this one is the best." When asked why they replied "Staff are so caring, it's a family here." Another person told us how much they had enjoyed Christmas and particularly enjoyed the registered manager's children coming to the service and handing out the presents. The person said "We are as much a part of their family as they are ours. It was a big family occasion." Another person told us that a staff member was going on maternity leave, they commented "I will miss her, she's been like a mother to me. She's going to bring her baby in to see me on my 80th birthday." The registered manager said "We are led by the residents. The residents are part of our family." The family theme came from people who lived at Kilmar House as well as from the staff.

People looked well cared for and their needs were met quickly and appropriately. People who used the service were complimentary about the care they received from staff who they felt were knowledgeable and competent to meet their individual needs. People commented "The staff are very patient, caring and kind." People told us they were completely satisfied with the care provided and the manner in which it was given. At this visit we watched to see how people were cared for by staff. We saw examples of kindness, patience and empathy from staff to people who lived at the service.

People felt safe living in the home, commenting "I feel safe here, they (staff) make sure they protect me." We saw throughout our visit people approaching staff freely without hesitation. We saw positive relationships between people and staff had been developed. Staff were aware of how to report any suspicions of abuse and had confidence that appropriate action would be taken.

People's preferences in how they wanted to spend their day were sought, listened to and respected. A wide range of activities were provided including arts and crafts and visiting entertainers. Visitors were made welcome and were able to visit at any time.

We heard of examples where the staff team had responded to people's needs in a caring and creative

manner. For example one person missed their chickens, so the registered manager brought some to keep in the garden. The person and staff visited the chickens in the garden regularly. Another person wanted to sit and watch the traffic but it was not safe to do this in the services doorway, so the service erected a bench at a safe distance so that the person could watch the traffic. A person came to the home with no possessions or clothing, had neglected their health and had no contacts in the local area. The service supported the person to buy clothes and to take pride in their appearance and helped them get to know the local area. The person told us "It's terrific here, staff have been so kind and I'm so grateful. It's the best place."

People were asked for their views at residents meetings. People told us their views were constantly sought and they were able to share ideas on how to improve the service. For example people had said they were not keen on the wallpaper in the dining area. Their view was sought as to what they would like in its place and the dining room was redecorated. One person said "That's how far they go; they go that one step beyond."

People's care and health needs were assessed prior to admission to the service. Staff ensured they found out as much information about the person as possible so that they could get to know the person, likes, dislikes, interests and their life story. This gave staff a very good understanding of their person and how they could care for them.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Where people did not have the capacity to make certain decisions the home involved family and relevant professionals to ensure decisions were made in the person's best interests.

People's care plans, identified the person's care and health needs in depth and how the person wished to be supported by the service. They were written in a manner that informed, guided and directed staff in how to approach and care for a person's physical and emotional needs. Records showed staff had made referrals to relevant healthcare services quickly when changes to people's health or wellbeing had been identified. Staff felt the care plans allowed a consistent approach when providing care so the person received effective care from all staff. People told us they were invited and attended care plan review meetings and found these meetings really helpful.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs. People said, staff "responded quickly" when they requested support. " The registered manager had recently purchased a nurse call system which monitored the time it took from the person requesting assistance and the length of time care staff took to respond. This showed calls for assistance were responded to within one minute. We saw staff were prompt to respond to people when they called for assistance.

Staff told us they were supported by managers. They attended regular meetings (called supervision) with their line managers. This allowed staff the opportunity to discuss how they provided support to people, to ensure they met people's needs and gave time to review their aims, objectives and any professional development plans. Staff also had an annual appraisal to review their work performance over the year. Staff training was viewed as "essential" to ensure staff received up to date guidance to assist them in their care of people. Staff received a thorough induction when they started work at Kilmar House and fully understood their roles and responsibilities, as well as the values and philosophy of the service. People felt staff were skilled and competent to undertake their job.

We saw the home's complaints procedure which provided people with information on how to make a complaint. People told us they had; "No cause to make any complaints" and if they had any issues they felt

able to address them with the management team.

The registered manager promoted a culture that was well led and centred on people's needs. The registered manager said they were "resident led" and consulted with people to ensure they were involved in how the service was run. People confirmed they were involved in decisions about their care and how the service was run. People were empowered by being actively involved in decision making so the service was run to reflect their needs and preferences.

There was a management structure in the service which provided clear lines of responsibility and accountability. There was a clear ethos at the home which was clear to all staff. It was very important to all the staff and management at the service that people who lived there were supported to be as independent as possible and to live their life as they chose. The registered manager had an effective system to regularly assess and monitor the quality of service that people received and was continuously trying to further improve the quality of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. People told us they felt safe living in the home

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff that had been appropriately trained.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs

### Is the service effective?

Good ●

The service was effective. People were positive about the staff's ability to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

The registered manager and staff had a good understanding of the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were able to see appropriate health and social care professionals when needed to meet their healthcare needs.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

### Is the service caring?

Good ●

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with their wishes.

Positive relationships had been formed between people and supportive staff.

### Is the service responsive?

Good ●

The service was responsive. People's care needs had been thoroughly and appropriately assessed. This meant people received support in the way they needed it.

People had access to meaningful activities that met their individual social and emotional needs.

People told us they knew how to complain and would be happy to speak with managers if they had any concerns.

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

The service was well-led. Staff said they were supported by management and worked together as a team, putting the needs of the people who used the service first.

The registered manager had a clear vision for the service and encouraged people, relatives and staff to express their views and opinions.

There was an ethos of continual development within the service where improvements were made to enhance the care and support provided and the lives of people who lived there.

**Good** ●

# Kilmar House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 January 2016. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection team consisted of one inspector.

Before visiting the home we reviewed previous inspection reports, the information we held about the home and notifications of incidents. A notification is information about important events which the service is required to send to us by law. 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.

During the inspection we spoke with six people who were able to express their views of living in the home. We looked around the premises and observed care practices. We observed people seated in the communal lounge throughout the day and how staff responded to them. This helped us understand the experience of people living at the service.

We spoke with three care staff, the activities coordinator, catering and housekeeping staff, as well as the registered manager. We looked at two records relating to the care of individuals, two staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

# Is the service safe?

## Our findings

People told us they felt safe living in the service and were happy with the care they received. One person commented "I feel safe here, they (staff) make sure they protect me." People were complimentary about how staff approached them in a thoughtful and caring manner. We saw throughout our visit people approaching staff freely without hesitation. We saw positive relationships between people and staff had been developed.

Staff had received training on safeguarding adults and children and had a good understanding of what may constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. Staff were aware of the service's safeguarding and whistle blowing policy and felt able to use them. These policies encouraged staff to raise any concerns in respect of work practices.

The management of the service recognised when to report any suspected abuse. The registered manager told us when needed, they had reported concerns to the local authority in line with local reporting arrangements. This showed that the service worked openly with other professionals to ensure that safeguarding concerns were recognised, addressed and actions taken to improve future safety and care of people living at the home.

Staff had worked with other professionals to develop different ways of working so appropriate measures could be put in place to minimise risks to people. Risks were identified and assessments of how any risks could be minimised were recorded. For example, how staff should support people when using equipment, reducing the risks of falls and the use of bed rails. From our conversations with staff it was clear they were knowledgeable about the care needs of people living at the service. Staff supported people appropriately whilst moving around the service. We observed staff support people to transfer from a chair to standing position with the aid of manual handling belts and turn tables. We found the support was carried out safely and competently. During the transfers staff spoke to the person telling them what they were going to do and ensured the person felt comfortable and safe at all times. We saw staff had received training in this area of care.

The service's accident records showed there had been six incidents in 12 months. These were in relation to two people and following reviews of their physical health no further events had occurred. This showed that the service responded promptly when accidents happened to minimise the likelihood of them reoccurring.

A person told us staff 'responded quickly' when they requested support and felt there were enough staff on duty. The registered manager had recently purchased a nurse call system which monitored the time it took from the person requesting assistance and care staff responding. This showed calls for assistance were responded to within one minute. We saw staff were prompt to respond to people when they called for assistance.

The registered manager told us that a minimum of two care staff would be on duty at all times. However the

rota showed that three care staff were usually on duty. The third member of the team provided additional caring support and also activities. In addition catering, housekeeping and management support were also on duty each day. At night one member of staff was on duty who was awake and another slept. They could provide additional support if needed during night hours.

Staff felt there were enough staff on duty. As three carers were usually on duty if staff called in sick the team could cover this absence without having a negative impact on the delivery of the service. Staff were competent at organising their day to ensure that all parts of the service had staff cover available at all times. For example on the day of inspection the cook was absent at short notice. One of the three carers undertook the kitchen duties. However between the three care staff they managed to provide personal care to people and a level of activities, plus their meals and regular drinks. People continued to receive care at their preferred time. We heard people ask care staff if they would assist them at a different time to when the care staff member was free and this was respected. The care staff member who had designated responsibility for activities stated that the level of activities that morning had reduced in duration because they needed to cook the main meal. However we saw care staff sitting with people, talking to them, ensuring they had access to newspapers, TV and drinks, and joining in the communal game of dominoes.

The registered manager reviewed people's dependency needs to see if additional staffing were required to ensure the correct level of support was available to meet people's changing needs. There was one part time care staff vacancy. However the registered manager told us they had recruited to two full time care posts which meant the service was overstaffed in comparison to the assessed dependency needs of people currently living at the service. The registered manager said these additional posts would allow further development of the activities coordinator role to ensure that meaningful activities would be provided each day.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to meet people's needs. The recruitment files contained all the relevant recruitment checks to show people were suitable and safe to work in a care environment.

Medicines were stored in a locked cabinet. We saw Medicines Administration Records (MAR), were completed as required. The medicines in the blister packs and in tablet boxes tallied with those recorded on the MAR sheet as in stock. The registered manager audited the medicines including medicines which required stricter controls by law and found no errors. A recent community pharmacist inspection found that the service was administering, recording and storing medicines appropriately.

People's care plans informed, guided and directed staff in how the person wished to receive their medicines. Some people took medicines 'as required' (PRN). Care staff were aware when and how the person liked to take their medicines, for example, if the person should take their medicines before or after eating and with a hot or cold drink. We saw a carer ask a person if they wanted their pain relief medicines and they declined. This was respected and recorded as such.

There were appropriate fire safety records and maintenance certificates for the premises and equipment in place. There was a system of health and safety risk assessment of the environment in place, which was annually reviewed.

The provider held small amounts of money for some people at the service. This money was for purchasing small items for example hair dressing, newspapers or chiropody. The service kept individual financial records of money received, and spent along with receipts for all expenditure.

## Is the service effective?

### Our findings

People were able to make choices about what they did in their day to day lives. For example, when they went to bed and got up, who they spent time with and where, and what they ate. Staff responded to their needs promptly and people said staff were "terrific" and "fantastic."

People were complimentary about the staff, stating they found them to be "competent and professional". People, and if they wished a representative, were involved in the admission process of their move into Kilmar House. Staff ensured they found out as much information about the person as possible during this time. This gave staff a good understanding of people new to the service and how they wanted to be cared for.

New staff completed an induction when they started to work at the service. An induction checklist was filled out by the staff member and their supervisor. The induction programme had been reviewed to fit in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees would be required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff, until such a time as the worker felt confident to work alone. This helped ensure that staff met people's needs in a consistent manner and delivered good quality care. Four staff had completed the Care Certificate.

Staff told us they attended monthly meetings (called supervision) with their line managers. Staff discussed how they provided support to people to ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. Staff had an annual appraisal to review their work performance over the year.

Staff attended training relevant to their role and found it to be beneficial, comments included "It's good there is lots of it." Some of the courses attended included: safeguarding, equality and diversity and manual handling. Staff said that the registered manager supported them to attend specialist courses, such as dementia awareness and stroke pathway. This increased staff knowledge and skills so that people received good quality care.

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 registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

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. We found that the service acted in accordance with legal requirements. From discussions with people, staff and the registered manager it was evident there were no current restrictions on a person's liberty who used the service.

People were able to choose what they wanted to eat and where they wanted to eat their meal. There was no set time for breakfast but lunchtime was a protected time to ensure everyone had the opportunity to eat with no distractions. One person told us they liked to eat their meal at 4pm, rather than at lunchtime, and this was respected. People were complimentary about the variety and quality of the food and told us they had discussed with the catering staff their likes and dislikes so that they were given meals that they liked. For example we saw staff checking with people that they still wanted the main meal which was being cooked that day. One person wanted an alternative and this was provided.

People were involved in the development of the two weekly menu. This was done via discussion at the residents meetings and presenting foods in a pictorial manner. This assisted people to share ideas as to what meals they would like provided. The menus were reviewed six monthly. The last Environmental Health Inspection awarded the service an excellent five star food safety rating.

Care plans identified what support a person may need with their foods. These care plans had been reviewed to ensure they remained up to date and reflected peoples current care needs. For example one person requested a plate guard and this was provided. Another person needed foods presented in a particular consistency, as recommended by the Speech and Language therapist, to reduce the risks of choking. Staff supported people to be as independent as possible in this area of care. Staff offered people regular drinks, and snacks, throughout the day and we saw drinks were available close to where people were sitting

Staff made referrals to relevant healthcare services quickly when changes to people's health or wellbeing were identified, such as GP's dentists and opticians. The service had developed positive relationships with the two GP practices. Every person had a six month medical review with their local GP, care staff and their representative at the service. This provided an opportunity to review the persons care and ensure they received appropriate treatment.

## Is the service caring?

### Our findings

We received positive comments from people who lived at Kilmar House. Comments included, "I am looked after very well," and "Staff are fantastic, caring, lovely." People told us they were completely satisfied with the care provided and the manner in which it was given.

The registered manager said "We are led by the residents. The residents are part of our family." A person told us "I have stayed at other care homes but this one is the best." When asked why they replied "Staff are so caring, it's a family here." Another person told us how much they had enjoyed Christmas and particularly enjoyed the registered manager's children coming to the service and handing out the presents. The person said "We are as much a part of their family as they are ours. It was a big family occasion." Another person told us that a staff member was going on maternity leave, they commented "I will miss her, she's been like a mother to me. She's going to bring her baby in to see me on my 80th birthday." The reference to a family atmosphere was raised both by people who lived at Kilmar House and staff.

We heard of many examples when the staff team and registered manager had responded to people's needs in a caring and creative manner. For example one person missed their chickens, so the manager bought some to keep in the garden. The person and staff visited the chickens in the garden regularly. Another person wanted to sit and watch the traffic but it was not safe to do this in the services doorway. The registered manager arranged for a bench to be positioned at a safe distance so that the person could watch the traffic. Another person had been admitted to the service with no possessions or clothing, they had neglected their health and had no contacts in the local area. The registered manager supported the person to buy clothes and to take pride in their appearance. They had also helped them get to know the local area. The person told us "It's terrific here, staff have been so kind and I'm so grateful. It's the best place."

People were asked for their views at residents meetings. People told us their views and ideas on how to improve the service were sought frequently. For example people had said they were not keen on the wallpaper in the dining area. They had been asked what they would like in its place and the dining room was redecorated. One person said "That's how far they go; they go that one step beyond."

We spent time in the communal area during the day of the inspection and observed many caring interactions between people and staff. People were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, considerate and spoke with people respectfully. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service.

Staff showed genuine care and concern for the people they supported and spoke of them fondly and with affection. Staff comments included; "This is their home, we do what they want", "I love the people here" and "I like to treat them as if they are my Mum or Dad, I like to give the person independence, respect and privacy." The housekeeper added "We don't like to intrude when we clean their rooms. That's their space. We need to be respectful of their belongings, some people don't like us to move their stuff, and we need to know that so that we leave it alone."

We saw visitors were welcomed by staff and offered a drink. People could choose where they met with their visitors, either in their room or different communal areas.

We saw a number of thank you cards from relatives all of which were highly complementary of the care and support the service provided to their family member. One commented 'thank you for the lovely care and kindness you showed to dad. It was a relief to know he was being so well looked after.'

Staff sought consent from people before providing care. We saw this happening when staff gave people a choice in what happened next, for example asking them where they wanted to go and sit and supporting them to their chosen place to rest. This also demonstrated that where possible people were involved in decisions about their daily living. Staff interacted with people respectfully. All the staff showed a genuine interest in their work and a desire to offer an excellent service to people.

People's privacy was respected. Staff told us how they maintained people's privacy and dignity generally and when assisting people with personal care. Staff said it was important people were supported to retain their dignity and independence. We observed staff knocked on people's doors and asking if people would like to speak with us. People had been asked if they would like their bedrooms personalised. Their bedrooms had lots of personal belongings, such as furniture, photographs and ornaments. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care.

Staff provided care and support in a timely manner and responded to people promptly when they asked for assistance. Staff said "We are led by them, they tell us when they need us and we will then assist them." We saw this happen during our visit.

There were opportunities for staff to have one to one time with people and we saw this happening. Staff were able to tell us detailed information about people's backgrounds and life history. Life histories were completed by the person with assistance from their families and friends to provide useful information for the service when the person arrived. This helped staff understand who the person was and how that might impact on who they are today, including things they enjoyed and things they did not like to do.

The registered manager told us, where a person did not have a family member to support them they had contacted advocacy services to ensure the person's voice was heard.

## Is the service responsive?

### Our findings

Staff responded to people's calls for assistance promptly. People and relatives told us that staff were skilled in meeting their needs. People who wished to move into the service had their needs assessed to help ensure the home was able to meet both their needs and also their expectations. One person who had recently moved to the service had met with the registered manager before using the service to help ensure that it would be able to meet their needs. Following their admission they were invited, and attended, care plan review meetings. The person said they found taking part in these meetings beneficial. They commented "I'm involved in discussing my care. I see my care plan." The registered manager was knowledgeable about people's needs and made the decision about whether a new person should be offered a place at the service by balancing the needs of the new person with the needs of the people already using the service.

People received care and support that was responsive to their needs. For example care plans stated 'Staff must always remember that all residents have the right to do what they wish, when they wish and are not in any way tied to a routine or schedule. This is purely to help staff to ensure they make (person's name) as happy and as content as possible.' We saw that people requested when they needed assistance and this was responded to promptly. This showed that support was provided at the persons chosen time.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans were informative, easy to follow and accurately reflected the needs of people. Care plans were reviewed monthly or as people's needs changed. People, who were able, were asked to be involved in planning and reviewing their own care. People were asked if they would like a representative to attend their review meetings. If they gave permission staff involved family members or other advocates in the review of their care. People and their family members were given the opportunity to sign in agreement with the content of care plans.

Care plans provided specific guidance and direction about how to meet a person's health needs. For example a care plan stated that they needed to present foods in a particular way to minimise the risk of choking. Information from relevant health professionals had been sought to ensure that foods and drinks were prepared and presented in a particular way so that the risk of choking was minimised. This helped ensure care and treatment was delivered consistently.

Care records reflected people's needs and wishes in relation to their social and emotional needs. For example one care plan stated 'Once in bed (person's name) likes to have their lamp and TV put on and to ensure their book is close by so they can choose what (person's name) wishes to do.' The activities coordinator was aware of people's interests. They were employed to provide activities every day and had dedicated time to do this. People were aware of what activity was to be provided and could then choose if they wanted to join in. .

People were able to tell us of activities they had chosen to take part in. For example there had a Saturday film club, had, visiting singers organised sing a longs, there were hand and nail care sessions, plant potting in the garden and arts and crafts sessions. One person went out to the local town and enjoyed spending

time meeting people in the local pub. People told us that suggestions and ideas for future activities were discussed in the residents meetings and that their ideas were responded too. For example their views on how they wished to celebrate Christmas were taken on board.

The service had installed Wi-Fi all over Kilmar House to allow people to access the internet on their personal devices. The registered manager had also installed a computer for people who lived at the service to use. The computer was set up so that each person had their own private e mail account, could receive and send e mails and use Skype. The registered manager had arranged for newspapers to be accessible on line. Specialist accessories such as a large keyboard and specialist mouse's had been purchased to enable people to use the computer effectively.

The service's complaints procedure provided people with information on how to make a complaint. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local social services department, the police and the ombudsman so people were able to take their grievance further if they wished.

We asked people who lived at the service if they would be comfortable making a complaint. People told us they would have no hesitation in raising issues with the registered manager or staff. One person said "[the registered manager] would listen, respond and sort it out." No-one we spoke with had made a complaint and everyone said they would feel confident to approach the service's management or staff if they had any concerns.

Staff felt able to raise any concerns. They told us the management team were approachable and they would be able to express any concerns or views to them. Staff told us they had plenty of opportunity to raise any issues or make suggestions to improve the service further.

## Is the service well-led?

### Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager, who had overall responsibility for the service, was also the provider. They were supported by two senior carers.

People described the management of the service as open and approachable. Managers were clearly committed to providing good care with an emphasis on making people's daily lives as pleasurable as possible. The management team led by example and this had resulted in staff adopting the same approach and enthusiasm in wanting to provide a good service for people.

The registered manager promoted a culture that was centred on meeting people's needs. People told us how they were involved in decisions about their care and how the service was run. The management and running of the service was 'person centred' with people being consulted and involved at all levels of decision making. People were empowered by being actively involved in decision making so the service was run to reflect their needs and preferences. For example, people attended residents meetings which were an opportunity to share their views on the service.

People had been matched with individual staff members with responsibility for overseeing their care and social needs. They had regular meetings to ensure they were satisfied with their plan of care and had no complaints or concerns. This meant people's physical and social needs were understood by staff. For example one person worked as a photographer. The person told us when staff knew this they were encouraged to pursue this interest. This involved supporting them to purchase a camera and access to a computer to download their photographs. The registered manager actively supported staff to ensure care was 'person centred,' which meant care reflected people's preferences as well as their needs.

The registered manager demonstrated a commitment towards working to continually improve the service and this was communicated to all staff. For example the registered manager had recruited two more staff than necessary to meet people's assessed needs. These two additional posts would allow further development of the activities coordinator role to ensure that meaningful activities would be provided each day. It was important to all the staff and management at the service that people who lived there were supported to be as independent as possible and live their life as they chose. We saw this being carried out in the delivery of care that was personalised and specific to each individual.

The registered manager worked in the service every day providing care and supporting staff. This helped ensure they were aware of the culture in the home at all times. The registered manager and senior carers were accessible to staff at all times which included one of them always being available on call to support the service. Frequent discussions took place between the registered manager and staff about any issues that affected the running of the service.

The registered manager was able to demonstrate good management and leadership as there was a system of management support available to staff at all levels. Regular meetings of the service management team

were held. The registered manager told us these meetings were "open, transparent and honest" and were "an opportunity to learn and share good practise."

There was effective communication between staff and the service's management. The registered manager valued their staff stating "I believe in my staff, developing their skills, the staff are part of this family." Staff were able to contribute to decision making and were kept informed of people's changing needs. Staff had opportunities to raise any issues about the service, which was encouraged at supervision and staff meetings. Staff said there was a learning culture which allowed staff to be critical of the service at staff meetings so that valuable improvements could be made.

The registered manager was keen to ensure that the service was up to date and following current best practice. For example the registered manager updated staff on policy developments such as changes to the mental capacity act and safeguarding procedures. The registered manager attended meetings with other providers, such as 'The outstanding manager network meeting for Cornwall' and the Cornwall Partnership In Care meetings. These meetings provided an opportunity to meet with other providers to share knowledge and good practice.

Staff had a good understanding of the people they cared for and they felt able to raise any issues with their managers if the person's care needed further interventions. Daily staff handovers provided each new shift with a clear picture of each person at the service and supported good two way communication between care staff. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual. Staff had high standards for their own personal behaviour and how they interacted with people.

Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with management, at daily handover meetings, regular staff meetings and monthly one-to-one supervisions.

The registered manager made sure they were aware of any worries or concerns people or their relatives might have and regularly sought out their views of the service. The registered manager spoke daily with people, visitors and the staff to gain their views as this supported constant development and improvement of the service provided to people. The registered manager also ensured that they met with night staff regularly to ensure they had the opportunity to share their views of the service. The registered manager said "I am constantly thinking how can I make things better, how can I improve," "If the carers aren't happy then the residents aren't happy" and "I'm proud of the family atmosphere here and the good relationships we have with relatives." Staff told us they liked working at the service and found the registered manager to be very approachable.

The organisation sought the views of people's relatives and health and social care professionals in a questionnaire. The results of these were compiled in a report which identified what the service was doing well as well as areas for potential improvement.

The registered manager and senior staff investigated and reviewed incidents and accidents in the home. Care plans were reviewed to reflect any changes in the way people were supported and supervised. The registered manager completed regular reports in respect of all areas of the service such as monitoring incidents and accidents and how they were dealt with, as well as details about staff training and any issues regarding the environment of the building.

There were effective systems to monitor and check the performance of the service. These included health

and safety checks to identify both that the service was safe for staff and people, and if any improvements were needed. We also saw records of regular checks of the staff duty roster, infection control and the cleanliness in the home. There was also regular monitoring of the service to ensure it was operating effectively and that people's needs were safely met. This involved the registered manager completing a monthly audit of care records, staff working hours, the maintenance of equipment in the home and staff training.

The registered manager and staff were committed to continuous improvement of the service by the use of its quality assurance processes and its support to staff in the provision of training. The views of people and their relatives were sought and the focus of the evaluation was on the experiences of people who lived at the service. Areas where improvements could be made were identified so the service could better meet the needs and preferences of people. Action plans were devised where it was identified improvements could be made in service provision.