

P M Tripp

Kestrel Grove Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 20 & 31 October 2016 and was unannounced. At their last inspection on 6 October 2015, they were found to not be meeting the standards we inspected. However at this inspection the provider had made all the required improvements. This was in relation to the care and welfare of people who used the service, people's safety, consent, engagement and the quality monitoring of the service.

Kestrel Grove is registered to provide accommodation for up to 57 older people who require nursing and or personal care. At the time of the inspection 57 people were using the service.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 felt safe living at Kestrel Grove. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People's medicines were managed safely.

Staff received regular one to one supervision from a member of the management team which made them feel supported and valued. People received support they needed to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to external health professionals when needed.

People and their relatives complimented the staff team for being kind and caring. Staffs were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able. Visitors to the home were encouraged at any time of the day.

The provider had arrangements to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

There was an open and respectful culture in the home and relatives and staff were comfortable to speak with the registered manager if they had a concern. The provider had arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used 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.

Staff knew how to recognise and report abuse.

Individual risks were assessed and reviewed.

People were supported by staff who had been safely recruited.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People were supported to eat and drink.

People were supported to access a range of health care professionals ensure that their general health was being maintained.

Is the service caring?

Good ●

The service was caring.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Visitors were welcomed at any time.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were reviewed regularly to help ensure they continued to meet people's needs.

Regular meetings were held for people who used the service and their relatives to share their opinions about the service and facilities provided at Kestrel Grove.

People were supported to engage in a range of activities.

People's concerns were taken seriously.

Is the service well-led?

The service was well led.

People had confidence in staff and the management team.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open and inclusive.

Good ●

Kestrel Grove Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 31 October 2016 and was unannounced. The inspection was undertaken by one inspector and one expert by experience. An expert by experience is a person who has experience in this type of service. This was to help facilitate the inspection and make sure that people who used the service and staff members were able to talk with us

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service, we spoke with 11 people who used the service, the chef, an activity co-ordinator, six staff members, the registered manager and the provider. We spoke with relatives of five people who used the service to obtain their feedback on how people were supported to live their lives.

We received feedback from representatives of the local authority health and community services. We also 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 reviewed care records relating to five people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

When we last inspected the service on 6 October 2015 we found that people's safety was not always promoted or maintained. This was in relation to the security of the building, the safe handling of medicines and the incorrect use of pressure relieving equipment. At this inspection we found that the provider had made the required improvements.

People and their relatives told us that people were safe living at Kestrel Grove. One person told us, "I couldn't ask for a better home, I feel absolutely safe here and the staff are lovely, I have a beautiful big room overlooking the gardens which are beautiful to look at and it's nice and quiet here, oh yes I am perfectly safe here." Another person told us "Yes we feel very safe here, I have a lovely flat and my [family member] stays in a room downstairs as [family member has been poorly, at times I feel isolated up here but I do like it, we are happy with everything here".

Furthermore a relative came and spoke to us during the visit and told us "I have no concerns for my [family members] safety at all, I am here every day and I have no reason to believe there are any problems".

Staff told us they were confident that people's safety was promoted. One staff member said, "We ensure that we always check to see if there is anything around the home that may cause people to trip or fall." Another staff member stated "We always check that people can reach their calls bells and that their bed rails are fitted without any gaps where people may get trapped."

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to confidently describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. They told us that they would not hesitate to use these procedures where necessary and encouraged other staff to do the same. One staff member told us "Everyone is safe here and I would report any concerns immediately to the registered manager." Another staff member told us "The training here is very good and we have a lot of opportunities to attend courses that make us better carers, like moving and handling and safeguarding." This showed us that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as mobilising independently, eating and drinking and skin integrity. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. For example individual risk assessments were in place for people who had been assessed at risk of choking. We saw that this person had been assessed by the speech and language therapist and a pureed diet had been provided.

Staff helped people to move safely using appropriate moving and handling techniques. For example, we observed three occasions where people were supported to transfer via means of a mechanical hoist. On all

three occasions we noted that staff communicated with the people and they were given reassurance by staff. People's care plans included information about the type of hoist and sling that they used which meant that care staff had access to the information that they needed to transfer people safely. This showed us that people's safety and well-being was a priority for the staff and management team.

We noted that people who had been assessed as requiring bedrails on their beds to prevent them falling had protective covers over the rails to reduce the risk of entrapment. We checked a random sample of pressure mattresses for people who had been assessed as being at risk of developing pressure ulcers and we found that they were at the appropriate setting for the person's weight. Staff told us that people were assisted to reposition at appropriate intervals to help maintain their skin integrity and we saw that records were maintained that confirmed when people had been assisted to reposition.

People, their relatives and staff all told us that there were enough staff available to meet their needs. A person who used the service said, "When I press my buzzer someone always comes within five minutes or six at the most." I know they can be very busy sometimes so I don't mind waiting as I don't need as much help as some of the other people who live here." A relative told us "I am here every day and I see everything that goes on and I hardly ever hear the bells just ringing and ringing, they always seem prompt to respond to people calling."

We asked five staff if they thought there were enough staff provided to do their job effectively and safely. All five told us that there was. One staff member said "I am sure in an ideal world there would be one carer for every person who lived here, but in reality I have always found that when I require help from another carer there is always someone to help me." I consider the rota gives us the time to provide good quality care without rushing and also time to just sit and chat with people, which I think is key to people's welfare." Throughout the day we noted that whilst the staff team were all busy there was a calm atmosphere throughout the home and that people received their care and support when they needed it and wanted it. Call bells were answered in a timely manner and staff went about their duties in a calm and organised way.

We looked at five staff records with regard to their recruitment and employment at the home. We found that staff had been through a thorough recruitment process before they started work. Checks were in place from the Disclosure and Barring Service (DBS) to establish if staff had any criminal record which would exclude them from working in this setting. References and DBS checks were confirmed before staff started work at the service. Staff spent time meeting and getting to know people as part of the recruitment process. The registered manager told us this was important to assess how people interacted with people who lived at the home.

People's medicines were managed safely by staff who had been trained in the safe administration of medicines. One person told us, "I always ask what tablets I am being given to make sure they are correct and the staff are very informative and take time to explain what each tablets does and how it helps me keep fit and well." We saw that staff also had their competencies to administer medicines assessed on an annual basis. Room and fridge temperatures were regularly checked to help ensure that the efficiency of people's medicines was maintained. Medicines were stored and disposed of safely and were administered as per the prescriber's instructions. The home dispenses medicines using a Monitored Dosage System (MDS). Blister packs are assembled on a 28 day cycle by a local pharmacy. The Registered Nurses on each shift hold the keys for medications. The fridge temperature and room temperature were within recommended ranges and there was evidence of daily checks on both. Fridge medicines were well stored and suitably arranged. Items showed dates of opening and were within dates of expiry. Controlled Drugs were locked in a metal cabinet inside the locked storage room. Nutritional supplements were kept in the storage room. Eye/ear/nose drops were rotated on a monthly basis and were discarded 8 weeks from opening.

We observed there was guidance for safe management of medicines. This included the availability of the corporate medicine's policy which was available for all staff, and there was signatory proof it had been read. Consent was documented on Medication Administration Records [MAR] charts and audited each time medication was administered in order to identify any errors that may have occurred at the earliest possible stage, to ensure people were not placed at risk of harm.

Is the service effective?

Our findings

When we last inspected the service on 6 October 2015 we found that although people were supported by staff who were appropriately trained, staff did not always work in accordance with the training they received. We also found that although people's mental capacity was assessed this was done in its entirety increasing the possibility of decisions being taken out of people's hands. At this inspection we found that the provider had made the required improvements.

People who used the service received care and support that was effective in meeting their current and changing needs. One person told us "Staff are always helpful here and staff know what they are doing". Another person said "They always listen to me if I have a question or a problem and never get impatient if I take a bit longer to explain things to them and that makes me feel respected."

Staff had a comprehensive induction when their employment commenced. All staff had access to regular training and updates and were undertaking the care certificate, some had already achieved NVQ 2/3. Staff received regular supervisions from their line manager where they reviewed their practice, training and development and any other work related topics. Staff told us they found these useful and they were fully involved. The registered manager and senior staff gave them feedback on their overall performance and they agreed objectives and recognised positive achievements. One staff member told us, "I have both formal and informal supervisions. I know I can always speak to a senior member of staff if I have a problem or query and I also have face to face meetings with my line manager to discuss how I am doing, my training and if there are any issues I need support with. I find it a valuable process."

People had access to a range of professionals to ensure their health needs were fully met including GP's who visited the service on a weekly basis. Physiotherapist, occupational therapist, Chiropodist, and Dietician services were available to all residents to ensure their every need is met in a timely manner with staff being flexible to suit need of people who lived at the home.

The provider ensured a comprehensive assessment was completed before people came to live at Kestrel Grove. This ensured as far as possible that the home would be able to meet the person's holistic needs meet their expectations and provide an excellent service. The registered manager explained that as part of the assessment process they also considered people who are already living at the home so as not to compromise the standards of care.

The provider and staff demonstrated a clear awareness of clinical ability, and the importance of not overstressing staffing resources. The registered manager told us that they were focused on delivering exceptional standards of care and life style for people and this was reflected in the detail of the daily hand over records.

The careful allocation of work hours per staff member was evidence that the provider and registered manager were working in an efficient and effective way which benefited people who lived at the home. The electronic recording system in place was central to the effective running of the home. The registered

manager described the E-Kardex system as "A place where everyone can keep in touch and respond quickly to people when required."

Kestrel Grove uses a computer software system to assess and plan nursing and care needs for people who live at the home. This system included staff using 'I pads' to record and monitor every aspect of the person's care needs and is continually updated to reflect the changing needs of each person who used the service. It is used effectively by the home to assess risks and implement nursing care plans for example: mobility, personal care, nutrition and hydration, dementia, sleep patterns, mental health, continence, medication, falls and overall health.

We spoke with two nurses who told us they felt the delivery of nursing care at the home was of a good standard. Both told us they found working a Kestrel Grove to be a positive experience regarding the delivery of nursing and residential care. One nurse described the positive aspects of the level of communication this electronic system provided, and how it keeps them fully updated on the care needs of each person. We found that all staff spoken with were positive about this system and they felt it led to a better standard of person centred care. One of the nurses we spoke with told us "I have not worked with this system before but it makes our job much more effective and improves the efficiency of our recording, which in turn has got to be better for the people who live here."

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working in line with the principles of the MCA and found that. The home had made one Deprivation of Liberty safeguards [DoLS] application to the local authority which was pending an outcome.

We noted that 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) decisions were in place, and it was clear that people had been involved with making the decisions and, where appropriate, their family members as well. Where people did not have family members to support them with important decisions we noted that the registered manager took appropriate action to ensure that alternative arrangements were made, for example the use of an advocate or Independent Mental Capacity Assessor [IMCA].

We noted that people's consent was obtained for before care and treatment was provided and the management and care staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005. For example consent had been obtained for the person's care plan, for their photograph to be taken and consent to take their medication.

The meals provided to people were of a high standard with an extensive range of choices and a full and varied menu. Meals were mainly provided in the main dining room area however people could also choose to have their meals in their rooms or in one of the many lounges if they preferred. People were offered a choice of three choices for their main meal at lunchtime, and an extensive range of supper choices. We also saw that people had free access to a range of snacks and beverages. We observed the lunch time meal which we saw was an enjoyable and sociable experience with everyone we spoke to. One person told us "The food is very good and plenty of it, we get choice, there is always drinks available." We also saw how respectful and considerate the staff were during the mealtime. We saw several examples of staff assisting people with both their choice of meal and also supporting people who required assistance with eating. This was carried out in an unrushed and respectful manner, with the

staff member explaining the food they were about to receive, detailing each mouthful to the person. One person told us, "The food is better here than I used to cook for myself at home." We also saw that people's religious and culture dietary needs were catered for and respected, this included providing Kosher food and vegetarian diets to people.

People told us that their day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. We noted that appropriate referrals were made to health and social care specialists as needed and there were regular visits to the home from dieticians, opticians and chiropodists.

Is the service caring?

Our findings

When we last inspected the service on 6 October 2015 we observed, on occasions that there was only limited meaningful interaction between staff and people. At this inspection we found that the provider had made the required improvements.

One person told us "The staff here are very caring and show respect and dignity, they are always very kind". Another person told us "The carers are very respectful and kind, they ask permission and show respect, the night carers are wonderful, very kind and gentle". One relative we spoke with told us "I think the carers are extraordinary here, they are kind and caring, and I couldn't ask for better staff for my [family member], it's a hard job and I could never do it, so I am really happy with everything here". We spoke to another relative who was visiting their [family member] and they told us "The care here is second to none, we have relatives meetings and everyone is hands on here, I can't help but praise the staff here they are all excellent and doing an amazing job."

During our visit we observed several examples of positive and friendly interactions between staff and people which clearly demonstrated the positive, kindly and jovial atmosphere of the home. Another person told us "I only have to ask once for staff to help me and they are always happy to help me, especially if I need to change my clothes or have a bath."

We saw staff were caring and committed and people were treated respectfully with both their dignity and privacy at all times. One person told us "I like to just sit and watch the world go by as there are always comings and goings." One staff member who had worked at the home for many years described Kestrel Grove as their 'second home' and told us that they often came in on their days off to help with a variety of social events and when there is a special celebration.

The message throughout the day was that people who lived at Kestrel Grove wanted to inform us on how caring and committed the staff and provider was. The atmosphere was of a friendly and happy home and with positive relationships between staff and the people they supported and cared for.

The environment throughout the home was warm and welcoming. People's individual bedrooms were personalised with many items that had been brought in from their home such as cushions and pictures.

People were offered choices in respect of such areas as food, clothing, activity and where they spent their time and these were respected which contributed towards people feeling that they had control in their lives. People's care records were maintained confidentially and all electronic information was passworded and locked within the main office.

There were photographs of the staff team on display in the main reception area of the home which meant that visitors and relatives were able to identify the staff on duty. Relatives and friends of people who used the service were encouraged to visit at any time and we noted from the visitor's books that there was a regular flow of visitors into the home. One person told us, "Oh yes the carers are very good and I have no

concerns about them, staff know me very well and I asked for consistency with staff because of my medical and physical needs and the home have provided that, I call them the Famous five!". People were observed to be comfortable in the company of the various nursing and care staff and house-keeping and catering staff.

We observed that people were treated with warmth, kindness and compassion and staff had time to sit with people and chat to them. One person said, "When I press my buzzer they come immediately and I never have to wait for more than a couple of minutes and they also appear with a big smile and are ready to help me with whatever I need." Another person we spoke with described the staff and registered manager as "Second to none". One [relative] said "I feel very blessed that we found this place, already my [Relative] has made some lifelong friends and never has a bad word to say about the place." One person told us "I don't have to worry about a thing, the girls are so very kind and are always happy to help me, the place is heaven."

The service had appropriate plans and procedures in place to support and care for people at the end of their life. Staff had received training in supporting people with their end of life needs to help people have a dignified, pain free end of life care pathway. Families were welcomed and accommodated during people's final days of life as part of end of life care. Families were cared for and supported by the registered manager and staff throughout this difficult time.

The five care plans we looked at provided detailed information about people's personal histories and life stories were well known by the staff and documented in people's care plans. One member of staff said, "I love reading about people's lives and the people who live at Kestrel Grove are so amazingly interesting. They come from such diverse backgrounds and I learn something new about people all the time."

We saw one care plan that described how to support a person with dementia who on occasions became anxious and distressed. The guidance was written in an empathic way and described how staff should support this person it stated 'Try to reassure me in a gentle soft voice as this will help me relax and become less anxious.' We saw this type of support being demonstrated during our visit and found it to be effective in reducing a potentially challenging situation for both the staff member and the person themselves. The staff member gently took the person's arm and guided them to a quiet area where they sat down with the person and were able to reduce the person's anxiety and return their mood to a state of calmness.

It was clear to us that staff knew people well and we observed staff anticipating people's needs and responding to them quickly. Support was offered discretely in order to preserve people's dignity. People told us that staff respected their dignity and privacy when they were providing any personal care. We saw that staff noticed when one person was in need of some support and they responded quickly and discretely to take the person to their room to provide this.

People told us that relatives and family members were invited to join them anytime for meals and this made for a more sociable visit.

People were able to access advocacy services whenever required to support with a variety of topics and family were also supported to access advocacy services to provide support and advice.

Is the service responsive?

Our findings

When we last inspected the service on 6 October 2015 we found that moving and handling techniques were not always carried out in line with people's care plans and that the activities programme required further work in order to incorporate people's individual strengths, hobbies and interests of the people who lived at the home. At this inspection we found that the provider had made the required improvements.

People and their relatives told us they had been involved in developing people's care plans. One relative told us, "I am involved in [family members] care plan particularly of late because they are end of life now, staff have been brilliant and very supportive, they pop in to us all the time and medication is given, they can't do enough for us really, it's really good." Another person told us "I am involved in my care plan, and we have reviews, staff do listen to you and they have always been very accommodating."

Some people who lived at the home were not sure if they had reviewed their care however, they were able to tell us that staff had asked them if they were happy with the service provided. One person told us, "The staff explains to me what is written in my care plan and as I trust them I don't need to actually read it myself as I know how they care for me in the way I like."

People's care plans were reviewed regularly which ensured they continued to meet people's needs. We saw that people's relatives were invited to attend regular review meetings where appropriate. A visiting relative told us "The staff are always about and they are very responsive, there is always someone available to speak to if you needed".

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs. For example, one person's communication care plan stated, "I cannot communicate my needs and wishes but their plan described, in detail, how this person would like to be cared for. The care plan also provided staff with the information that the person's night time routine included having a hot milky drink before bed to help them to settle.

Care plans showed that people were asked to think about their wishes in relation to their end of life care and it was documented if they had any specific wishes or if they had declined to talk about this matter when they moved in to the home. For example care plans looked at all contained information about where the person would prefer to spend their final days, their religion and symptom control (pain relief).

People received personalised care and support that met their individual needs and took full account of their background history and individual circumstances. Staff told us that there was good guidance in the care plans to support them to meet people's needs. For example, in one person's care plan we noted 'make sure I am supported to dress in feminine clothes as I like to look smart. I prefer to wear trousers as I don't like skirts. I like to wear perfume and I use Chanel 5. I sometimes forget about my personal hygiene so I need staff to reassure me and remind me to use the toilet.' This showed us that people received care and support that was centred on them as individuals.

People's changing needs were responded to appropriately and actions were taken to improve outcomes for people. For example, one person's care plan recorded that they were having trouble sleeping. We saw that as a direct result of this concern an appointment with their GP had been arranged and the person was prescribed a small dose of sleeping tablets to help them settle. The care plan record stated that this [person [was now 'sleeping longer with less or no disturbance during the night time.' This demonstrated that people's needs were responded to and actions were completed to improve outcomes for people.

There were regular meetings held for people who used the service and their relatives to share their opinions about the service and facilities provided at Kestrel Grove. A relative of a person who used the service said, "The owner and registered manager are always around if I have a question about my [relatives] care, they are both approachable and professional." A person who used the service told us, "I always attend the meetings as they give me a chance to meet up with other people and have a good old chat and discuss any issues we have directly with the registered manager and the owner." People we spoke with were aware of the meetings and dates

There were a variety of activities taking place throughout the home on the day of our visit. There were two activities co-ordinators who provided a range of diverse and interesting activities, seven days a week. During our visit we saw staff and people who lived at Kestrel Grove decorating the home together in preparation for the annual Halloween party. We saw that this activity created an atmosphere of joviality and excitement for everyone involved.

Regular weekly activities that people were able to enjoy included bridge sessions, a range of board games, musical entertainment, arts and craft, reading sessions and there was also a reminiscence room for people to enjoy and reflect of their past times. We saw that people were also offered regular trips out of the home, which included canal trips, visits to local garden centres and fish and chips suppers at a local restaurant.

The activity staff were aware that not everyone wanted to take part in group activities and some people preferred to remain in their own rooms. For example, one person who was cared for in bed enjoyed regular hand massages from staff. We also saw that people had been involved in planting raised beds in the garden and painting garden furniture for people to enjoy during the warmer months of the year. One of the activity workers said "We encourage residents to engage with the activities, and they enjoy the 'happy Hour' we do that's well attended." One person told us "I thoroughly enjoy reading the newsletter that we get every week basis and it gives me chance to catch up on the events at the home that I have missed when I am out and it also tells us what is happening in the local community."

We saw that there were several communal areas available where people had the opportunity to sit and chat with their friends and relatives. The atmosphere of the home was both welcoming and homely, with a steady flow of visitors coming in to meet their relatives and friends. We also saw that people were able to enjoy a walk in the grounds of the home where the pathways had been adapted to allow wheelchair access throughout.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. People who used the service and their relatives told us that they would be confident to raise any concerns with the registered manager. One person said, "I would speak to the staff in the office, that's what they are here for." One relative told us, "We did have an issue come up and we spoke to the registered manager and this was resolved." We reviewed records of complaints and found that the provider's policies and procedures had been followed and that there was a clear trail of the investigation into the concerns and a report back to the complainant.

Is the service well-led?

Our findings

When we last inspected the service on 6 October 2015 we found that concerns relating to the care and welfare of people, safety and working in the best interests of the people had not been identified as part of the quality monitoring systems that was in place. At this inspection we found that the provider had made the required improvements.

One person told us "I think this is a well-led home and we see the [provider] a lot, they wander around and my general impression is very favourable" Another relative told us "I see the registered manager walking around and everyone is accessible here, it's a respectable home"

One person who lived at Kestrel Grove told us "It's wonderful here, staff are amazing and I knew the [providers] grandfather, father and now the [provider], nothing is too much for staff and it's a very well managed home."

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and professional manner.

Staff told us that the management team was approachable and that they could talk to them at any time. One staff member told us "Matron is very supportive and I have just completed my NVQ level 3 and my manager is encouraging me to take my nursing degree, I enjoy coming to work here." Another person told us "I have worked in the kitchens for 18 years and I wouldn't leave this place for all the money in china!! We are like family here and I love coming to work".

Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home. Staff meeting minutes confirmed that these were a two way process and that staff suggestions were taken seriously and incorporated into daily working practice.

Record keeping in the home was robust and detailed; we noted examples where daily intervention records were always completed at the time using the mobile information technology system that was in place. This meant that any information that related to the care of an individual person could be accessed in minutes and was continuously updated.

There were regular management meetings held between the registered manager and the provider to discuss such issues as recruitment, the performance of the service and any matters arising. There were a range of checks undertaken routinely in the home which ensured that the service was safe. These included such areas as water temperature checks, safety checks on bedrails, inspection of the call bell system, and fire checks. We noted that where issues had been identified through this system of audits they were passed on to the relevant person to address. We saw the security of the home had been improved since the last visit took place with key code pads fitted to both entrances and exits. This showed us that the registered

manager and provider were committed to providing a safe service.

There were effective quality assurance systems in place that monitored people's care. We saw that audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such care planning, medication and health and safety, call bell audits and infection control audits. Where action had been identified these were followed up and recorded when completed to ensure people's safety. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. The registered manager also carried out daily 'walk around audits' and audits that related to people's experiences of mealtimes and the activities provided. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.

A training record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor all training and to make arrangements to provide refresher training when necessary. Staff told us that the registered manager regularly 'worked alongside' the staff in providing care. This ensured that staff were implementing their training and to ensure they were delivering good quality care to people. As a result of these checks staff knew what was expected of them.

Satisfaction surveys were distributed annually to people who used the service, their friends and relatives and relevant professionals. Once the completed surveys were received the provider collated the information and produced a report of the findings which was shared with the registered manager. This showed us that the provider was committed to obtaining feedback from external stakeholders to help ensure the service delivered a good standard of care.

Providers of health and social care are required to inform the Care Quality Commission, (CQC) of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.