The Grange

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection was carried out on 9 May 2017 and was unannounced. The service is a residential care home that can accommodate up to 29 older people; some people may also have mild dementia type illnesses that they have developed whilst resident. At the time of inspection there were 22 people in residence. People have their own bedrooms; some have ensuites; bedrooms are located over the ground and first floors. A shaft lift provides access to the first floor.

There was a registered manager in post. A registered manager is a person who is 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.

At the previous inspection in May 2016, we found that the provider was not meeting all the regulations inspected at that time because the quality monitoring system in place were not effective. Medicines administration and recording needed improvement as did the recording of fire drills, and tests of fire equipment. The service at that time had also not ensured that The Care Quality Commission was informed of notifiable events.

Staff spoke kindly to people and treated them with respect. People were able to make decisions and choices for themselves about what they did, and where they ate their meals and with whom, people were encouraged where possible to maintain their independence seeking support when needed.

At this inspection we looked at the improvements made in these areas and was satisfied these had been addressed appropriately. The provider, who was a visible presence in the service, had taken steps to ensure greater involvement in the day to day operation of the service. This helped to relieve the registered manager of some responsibilities in regard to the completion of paperwork meaning they could increase their focus on care delivery. Investment in an electronic records system provided the facility for the registered manager and the registered provider to have greater oversight and scrutiny of day to day care delivery, even remotely when not on site. This enabled the registered manager and provider to check at any time of day or night, the support provided to people, the administration of their medicines, food and fluid intake, personal care routines supported and activities participated in. This provided them with greater assurance that all aspects of the service were meeting requirements consistently and systems in place were being carried out as per their own policies and procedures.

More robust recruitment practice meant that staff suitability for the role was assessed through a full range of checks in line with legislation requirements. Medicines were managed well and observed staff practice showed improvements in the way administration was undertaken and recorded. Staff understood how to keep people safe from abuse and harm. In the event of a fire or event requiring evacuation staff had had practiced for this and the registered manager ensured all staff attended a minimum of two practice drills per year. Staff understood where to take people to keep them safe. The premises were well maintained. All areas

viewed were visibly clean and cleaning staff told us about their cleaning schedules each day. All necessary equipment servicing, checks and tests were carried out. The Provider also carried out an annual health and safety check to ensure that the environment was safe and that equipment was in good working order.

The majority of individual and environmental risks to people's safety were assessed and managed appropriately. There was a low level of incidents and accidents and staff took appropriate action when these occurred, the registered provider and registered manager understood what events they needed to notify the Care Quality Commission about.

The registered manager undertook pre-admission assessments of people referred to the service to assess their dependency and whether their needs could be met within the service. They had a clear understanding of what needs could and could not be catered for, this ensured that there was enough staff on duty during the day and night to meet people's individual needs, and when people's needs changed they ensured there was dialogue with all parties to discuss whether more appropriate placements should be sought. People's care, treatment and support needs were clearly identified in their plans of care and included people's choices and preferences. Staff knew people well and understood their likes and dislikes, people were involved and consulted about the content of their care plans.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People had capacity and their consent and involvement was always sought in regards to their daily support needs, they lived their lives without any imposed restrictions that deprived them of their liberty unnecessarily.

People were offered an appropriate range of activities and were consulted about changes to this at residents meetings. Relatives and friends were made welcome and people were supported to keep in contact with people who were important to them. People understood how to complain and felt confident if they needed to raise issues these would be handled appropriately by the registered manager or provider.

Health professionals told us that people's health needs were understood and well supported by staff. People were given support to attend health appointments with a wide range of health professionals; any advice given in regards to their health needs was implemented. People ate well and their likes and dislikes were catered for. Weights were monitored and concerns about weight loss and nutritional intake were referred appropriately to medical professionals.

New care staff received induction to their role that involved completion of the Care Certificate if they had no previous care experience. New staff were given time to familiarise themselves with the service routines and peoples individual needs. They shadowed experienced staff until they were confident of working on shift unsupervised and an understanding of how to deliver personal care support to people in accordance with their needs and preferences. There was a programme of mandatory training for all staff that provided them with basic knowledge and awareness of food hygiene, infection control, first aid, and fire awareness in addition to keeping people safe from abuse, awareness of dementia, nutrition, and mental capacity. Not all staff had yet completed the full range of their training and this was an area for improvement.

We have made one recommendation:

We recommend that the registered manager seek advice from a relevant health professional to identify what additional information should be contained in some of the health risk assessments completed for people for example with diabetes.

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

Improvements had been made to the management of medicines. Risks to people from health conditions had been risk assessed but would benefit from additional information.

The premises were clean and well maintained, important servicing and checks of equipment were undertaken and improvements had been made to fire procedures.

There were enough staff to support people, and recruitment procedures ensured important checks were made of their suitability. Staff knew how to protect people in the event of emergencies and understood how to recognise and respond to abuse to keep people safe.

Is the service effective?

Requires Improvement

The service was effective but minor improvements were needed

A programme of training was in place for all staff to help them provide people with the right support; not all staff had yet completed this. All staff received appropriate induction into their role. There were opportunities for them to discuss their development and they felt listened to and supported.

The manager and staff supported people in line with the principles of the Mental Capacity Act, and sought peoples consent when they received support.

People enjoyed the food they received and could make choices around this. People's health and wellbeing was monitored by staff and where necessary they were referred to health professionals.

Is the service caring?

Good

The service was caring

The atmosphere in the home was welcoming, visiting times were flexible and visitors were made welcome.

People were treated with dignity, respect and kindness; they were able to bring personal possessions to make their rooms more homelike.

People were consulted about their care and end of life wishes and were provided with opportunities to comment about the service

Is the service responsive?

Good

The service was responsive

People were given information on how to make a complaint in a format that
met their communication needs.

People and their relatives were involved in their care planning. Changes in care and treatment was discussed with people.

People were supported to utilise their time how they wished and to maintain their own interests and hobbies. A range of activities for people to choose from was available.

Is the service well-led?

Good

The service was well led

Investment in new technology had helped improve the provider and registered manager oversight and scrutiny of service quality.

People and staff found the manager approachable, they felt listened to and supported. Staff had opportunities to express their views through handovers, supervision and staff meetings. People and relatives were asked to comment on service quality and this informed service development.

The service analysed accidents and acted upon any emerging trends or patterns to reduce occurrences. The Registered manager ensured the Care Quality Commission was kept informed of notifiable events.

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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 comprehensive inspection took place on 9 May 2017 and was unannounced. It was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had personal experience of caring for a family member.

Prior to the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service. Before the inspection, we asked the provider to complete 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. The provider returned a PIR within the set time scale.

We spoke with 17 out of 22 people who were resident at the time who were able to tell us about their experience of living at the service. One person had communication difficulties and we observed staff interactions with them and how their needs were supported. We spoke with the Registered provider, the registered manager, four care staff, and two domestic staff. We met and spoke with a community nurse who was visiting. We saw communal areas of the home and a number of bedrooms.

During the inspection we viewed a number of records including three care plans, three staff recruitment records, the staff training programme, staff rota, medicine records, environment and health and safety records, risk assessments, staff team minutes, menus, compliments and complaints logs and quality assurance questionnaires.

We displayed a poster in the communal area of the service inviting feedback from people and relatives. Following this inspection visit, we did not receive any additional feedback.

Good

Is the service safe?

Our findings

People told us they felt safe comments included: "Yes I can honestly say we feel as safe as houses." "No worries at all we are safe and sound and surrounded by help." "There is always someone around to help." "I have never had to press the call bell but I believe that help is at hand as quick as you like from what I have witnessed and that is most reassuring." "This home is kept beautifully, all spick and span but not clinical. My room is always homely but spotless thanks to the lovely girls who clean it for me."

At the previous inspection we had issued a requirement notice in regard to medicine management. Although we had been satisfied with arrangements for ordering, receipt, storage and disposal of medicines; we identified shortfalls in administration and recording of medicines. Medicines were not being recorded safely with staff signing before administering medicines, boxed and bottled medicines were not dated upon opening and handwritten changes to Medicine Administration Records (MAR) were undated and unsigned. At this inspection we observed medicines being administered and sampled all aspects of medicine management.

Only medicines trained staff administered, they wore a red tabard to show they were administering and should not be interrupted. Staff was seen to administer medicines in an unrushed manner; this took into consideration peoples personal preferences about how they took their medicines. Staff signed medicine records after they were satisfied medicines had been taken. We sampled Medicine administration Records (MAR) and these were completed well with no omissions in recording noted, handwritten changes were dated and signed. With the exception of a few, the vast majority of boxed and bottled medicines used in the service were now dated upon opening; we discussed with the registered manager the need for this to be reinforced with administering staff to ensure this is common practice. Staff medicine training was kept updated and the registered manager had introduced an observational supervision programme which includes staff medicines competency. Medicines were stored securely in a medicines room. Storage temperatures were recorded daily for the medicine room and the medicines fridge to ensure medicines were kept at the right temperature. The improvements made and the day to day arrangement for medicines management helped to ensure peoples medicines were managed safely.

We had previously issued a requirement notice because we identified that staff recruitment processes had not been robust and some information required by legislation such as health statements and full employment histories had not been in place. Recruitment files had since been overhauled to ensure all required information was in place. New staff were subject to greater scrutiny to ensure they were suitable for their role. We sampled three new care staff files. All required checks were undertaken following application and interview, these included obtaining two suitable references, a full employment history and statement of health and fitness, evidence of the person's identity, and a Disclosure and Barring Service (DBS) check. A DBS identifies if prospective staff had a criminal record or were barred from working with children or vulnerable people. These checks helped to minimise the risk of unsuitable people being employed by the service.

Previously we had issued a requirement notice because we were concerned that some individual risks

people may have been subject to have not been adequately assessed. This specifically related to health conditions like diabetes, epilepsy, poor nutrition, or behaviour that had not been adequately assessed to identify potential risks and guidance made available to staff to mitigate these Since the last inspection the provider had invested in a computerised care records system that required a more detailed overview of people's needs and the risks that may affect them. Everyone was now assessed in regard to mobility, moving and handling, nutrition, skin integrity and any risks associated with health conditions. We checked risks associated with nutrition, diabetes, and behaviour linked to three people we case tracked. Risk information was in place and in discussion staff demonstrated they adhered to the risk reduction measures in place. We discussed with the registered manager how the level of detail within some risk assessments could be improved upon to reflect staff practices.

We recommend that the registered manager seek advice from a relevant health professional to identify what additional information should be contained in some of the health risk assessments completed for people for example with diabetes.

Previously we had issued a requirement notice because the provider could not assure themselves that all staff were attending fire drills or that testing of fire alarm points and emergency lighting were happening in accordance with their own policy. Since then a review of the fire alarm system had been undertaken and a new system was being installed. Three fire drills had been held since the last inspection; staff attendance was now recorded and the registered manager monitored that all staff were attending a minimum number of drills. A full evacuation of the home had also been carried out. A review of peoples Personal Emergency Evacuation Procedures (PEEP) had previously identified these were not in keeping with current fire service expectations, these have been reviewed and the fire service consulted. Evacuation chairs have been purchased to aid evacuation of the building for people less mobile; staff were training how to use these in an emergency. These improvements help to ensure that in an emergency staff will be appropriately alerted, and prepared to help people to safety and reduce the risk of harm occurring.

Environmental and health and safety checks were carried out regularly to ensure the environment was safe and that equipment was fit for use. This included visual checks and regular maintenance of equipment and services. If an accident or incident occurred these were acted on appropriately and reported to the registered manager. The registered manager analysed incident/accident reports to assess whether changes to a person's support was needed or referral to health professionals was required. For example after two falls the person would be referred to their GP for initial assessment.

Staff had received training in how to protect people from abuse and harm. They understood they needed to be vigilant and knew how to recognise and respond to the signs of abuse. Staff felt confident if they reported any concerns that they would be taken seriously. The company also had a whistle blowing telephone line to enable staff to share their concerns in a safe way with non-operational management staff. The contact details for the local authority and Care Quality Commission were on the noticeboard in the office, so they could be contacted as appropriate.

People and staff thought there were enough staff around to meet the needs of the current group of residents. When people's needs deteriorated and they required more nursing support, a move to a more appropriate placement was discussed with them and their family. Staff were used flexibly and could be brought in to cover cooking or care shifts at short notice. This usually happened in response to staff sickness or if there was a need for short term additional care staffing, to support a person experiencing a health crisis. Agency staff were rarely used. Any gaps in the shift rota were covered from within the existing staff team; this provided continuity to the people living in the service and ensured that there were enough staff on duty at all times who knew people well.

A new staff member told us they had been given ample time to acclimatise to the routines and to understand peoples individual needs. There was a minimum of four care staff on duty on morning shifts and the registered manager also provided hands on support when needed. Although people had capacity and were encouraged to undertake some of their own personal care, when they felt unable to do so staff were available to offer them help as and when they needed it. In the afternoon there were three staff on duty. The pace of the service was relaxed, people were not rushed. At night time there were two waking night staff. This ensured that people were regularly checked and supported if required.

Requires Improvement

Is the service effective?

Our findings

Staff said they felt well supported and listened to. People told us that they did not feel restricted in any way and received support with their health needs. People said they had plenty to eat. Comments included "I decide when I would like to get up for breakfast and come down; we can come and go as we please." "The food is wonderful, I did not eat before I came here and they were very worried about my weight but now it is so beautifully laid out I just tuck in." "The choice of food is much better recently and I am never hungry. We have coffee and biscuits at around 11 and that tides us over until lunch is served in the dining room at 12.30." "There is a doctor and also a nurse who will come if we need one but I am as strong as an ox thanks to all this wonderful food I am getting. "I have regular eye checks as they were worried about my left eye so they do keep an watchful eye on me."

Two health professionals told us that they had no concerns about the service; they said that the registered manager and staff referred people appropriately to their service; they sought advice to help with the support they gave to people and implemented this into their day to day practice as needed.

Staff received training in a range of subjects in order to perform their roles safely and to provide the right care and support to meet people's needs. Training in all mandatory subjects was up to date for most staff but is an area of improvement to ensure all staff complete the programme. Training records and certificates confirmed the training undertaken.

People were fit and mobile and staff were not required to provide moving and handling support to them; no equipment was used for the purpose of transferring people from bed to chair and vice versa. The registered manager was clear that they would not admit someone with moving and handling needs and should someone's needs deteriorate where this level of support was required they would have to transfer to a more appropriate placement, where these needs could be met. Whilst we acknowledge that staff are not providing any practical moving and handling they are supporting people in and out of the bath by giving them a supporting hand or arm. The provider and registered manager have identified the need for moving and handling training for staff and have training booked to address this.

New staff completed an induction that followed the nationally recognised Care Certificate standards; this was adapted for those who already held care qualifications. Staff were expected to work through individual standards and complete questions around each area, their responses were marked, and a learning and development plan had also been introduced for those completing the Care Certificate. New staff competency was assessed throughout a three month probationary period. Induction included shadowing other staff, and familiarising themselves with peoples care needs and routines and took a number of shifts before they joined the rota as a full time member of the team.

Staff received support to understand their roles and responsibilities through face to face discussion and talks with the registered manager every three months. Supervision was documented and staff said they were able to raise issues they wanted to talk about, they felt the registered manager was good at supporting their personal development and they felt well supported and listened to.

A kitchen hygiene rating of five stars had been awarded to the service. Menus were developed from an understanding of peoples likes and dislikes and these were on a four week cycle. Staff discussed with people what was on the menu and recorded their preferred meal choices. Staff respected people's choices about what they did and didn't want to eat. People were supported and encouraged to eat a healthy and nutritious diet. People enjoyed their food and were offered extra or something different if they wanted it. Two people had been assessed at nutritional risk and had food supplements in place; the support they had received around their nutrition and general health meant that their level of risk had reduced and they no longer needed to have fluids and food intake monitored but one still took additional supplements to help maintain their weight. Staff understood any special dietary needs people might have, for example diabetes and helped to ensure people followed a controlled diet to help prevent the diabetes worsening.

More than half the staff had received training in the Mental Capacity Act 2005 (MCA) and the training programme was on going. The MCA provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. All the people in the service had capacity and were able to give consent for any support offered by staff; some people had help with their finances from relatives through Power Of Attorney arrangements which the registered manager was aware of. Staff understood that when more complex decisions needed to be made, and if a person needed some help in making that decision their relatives, representatives and staff would be involved if that was their wish to help them make this decision in their best interest. No one was currently subject to a restriction of any kind that warranted a Deprivation of liberty (DoLS) authorisation at this time. DoLS form part of the MCA and aim to make sure that people in care settings are looked after in a way that does not inappropriately restrict their freedom.

People told us they had access to, and used the services of other healthcare professionals. Senior care staff and the registered manager arranged healthcare appointments if people's health conditions or behaviours caused them concern, or if people requested it. Records confirmed people received care and treatment from their GP, physiotherapists and chiropodists. Staff understood when to seek professional advice and support so people's health and welfare was maintained. Staff told us any advice was followed to effectively help manage people's health needs. Weights were taken monthly. Any person who showed a weight loss over several weighing's would be referred to their GP for initial assessment and advice. These arrangements helped to ensure people's wellbeing was monitored and they were supported to remain healthy.

Good

Is the service caring?

Our findings

We spent time with people and they were able to tell us about their experience of living in the service which was universally positive. Comments included: "This is mostly my own furniture and bits to help make it feel more like home, the staff all helped my get it right." "Everyone, without fail is friendly, caring and most of all patient here." "We all have a nice chat and a meeting in the lounge which is a nice way of finding out what's what and what is going on." "The girls (staff) always knock before coming in, my privacy is important to me and the staff all respect that." "It is important to keep mobile and therefore independent and so the girls are all so good they make sure I have had my exercise every day." "I like to have a certain amount of help washing but the girls always let me do as much as I can myself." "The meetings in the lounge are informative and we discuss our care and what we would like or feel we need more help with." "The comforting thing is I have my own belongings from home and have made this lovely bright room my home now."

People had formed friendships and sat in companionable groups at meal times and when relaxing in the lounge. We observed people to be in relaxed moods, alert to what was happening in their vicinity and chatty with their peers, we observed three people at breakfast speaking about knitting for a charitable cause one commented "it's nice to have a reason to knit, to have a purpose," we noted some positive and good humoured exchanges between staff and people for example "Hold on X I need to adjust that am I overloading you with toast?" to which the person said "Don't worry my friend here will help me out." An information board placed in the main corridor leading to the dining room had important information people might want to know about forthcoming events. Information was provided in a written format suited to the needs of the people in the service.

People ate their meals where they chose. The dining room provided a pleasant environment with dining tables laid with table cloths, cruets and flowers. A choice of drinks was available. Dependent on how many people were present in the dining room one or two staff supported them; providing assistance as needed such as topping up drinks. Staff brought the meals to people in the dining room or took them to people who chose to remain in their rooms.

People were surveyed for their views and comments and were given opportunities to meet with the registered manager on a regular basis in the main lounge to talk about the service they received. Surveys viewed were positive, there were some emerging themes about not being aware of who their key worker was, and staff not waiting after knocking before they were asked to enter, none of these issues were raised at inspection by people who were satisfied with all aspects of the service.

People's bedrooms had been personalised to reflect their individual tastes and preferences and were full of possessions, photographs and memorabilia that was important to them.

Staff made visitors welcome and offered refreshments. People had their own space where they could be private and meet with their visitors when they wished there were also small areas around the service where people could sit in private with visitors. People respected each other's privacy.
Staff understood people's characters and were aware of their life histories; where these had been provided,

staff respected people's rights to talk about aspects of their life only when they wanted to. Most people had relatives or representatives who advocated on their behalf when necessary and the registered manager ensured they checked that relative's authorisations for Power of Attorney were in place.

At the time of inspection there was no one in need of end of life support but peoples records showed that end of life discussions had been held with them to determine their last wishes. One person had a 'Do not resuscitate (DNAR)' authorisation in place; this was to be reviewed with a health professional to establish whether the person's capacity had improved and they were now able to be fully consulted on this matter.

People's care plans contained information about the important people in their lives and important events they needed to be reminded about.

People were encouraged to remain as independent as they could with a number still undertaking some if not all aspects of their daily personal care routine with the exception of support around bathing and showering.

Good

Is the service responsive?

Our findings

People said they felt involved and consulted about their care and support at the service and felt able to request support when they needed it. Comments included:

"I have a care plan, we all do, but I don't need to worry about that I trust those in charge to do that for me." "I can ask for help with washing when I wish to be a bit more thorough and someone is always willing to help me." "I do go out with friends but yesterday I just wanted a nice stroll around the grounds so the lovely young lady here helped me." "We do quite a few activities here, yesterday was an exercise group and today or maybe Friday I think we have a quiz, it's all written on the board." "We have honestly never had to niggle about anything, nothing at all." "If I need more help I am not afraid to ask as they are always so willing to help us out in any way that we require help." "We always have a lovely chat in the morning when I get up and am helped with my daily little tasks. I look forward to it."

People referred to the service were assessed by the registered manager prior to admission to ensure needs could be met. The registered manager was mindful of the limitations of the service and therefore careful about whom was admitted; this was because they wanted to ensure that any new person's needs could be met appropriately and would not impact on other people in the service. Information was gathered from the person and their relatives and representatives about their needs and preferences prior to a decision being made about admission, pre-admission assessments viewed were well completed. People had opportunities to visit before moving in but often people's relatives visited on their behalf.

The service provider had recently invested in an electronic records system and care plans were in the process of transition between paper to electronic records. The care plans viewed provided a detailed account of people's needs and a personalised plan of how they wanted these to be supported on a day to day basis. They addressed people's personal care needs, mobility, and management of continence issues, day and night routines, and physical health matters including skin health, any equipment needed for their support, nutritional risks, activities, and relationships with others. A daily report was completed for each person by staff on shift to record their mood and wellbeing during the day and night. Key workers (these are staff whose role is to understand the needs and personality of the person they are allocated to a greater degree than other staff and to ensure they have everything they need); completed a monthly evaluation about the people they were allocated to with that persons involvement; these monthly reports informed the registered managers update and review of care plans.

A complaints procedure was displayed prominently for people and informed them how they could make their complaint. People told us that they found the registered manager, provider and other staff very approachable and that they felt very confident and comfortable with raising concerns if they had them. A complaints log was maintained by the registered manager for recording of formal complaints received. The PIR informed us and the registered manager confirmed that nine compliments had been received in the last 12 months and no complaints. People were also provided with opportunities through service user meetings, discussions with their key worker each month and surveys to express any matters of concern which would be reported to the registered manager. A review of some of service user meetings showed no issues of

concern arising.

People's likes and dislikes were discussed with them upon admission to gain an understanding of the kind of interests they had and what activities they might wish to participate in. People said they liked the mix of activities they had which meant they had times when they could just sit and chat amongst themselves or with visitors and do what they wanted. People had opportunities to go for a walk, visit relatives, participate in group entertainment, visit the pub, go shopping, go out for a cigarette, and participate in games and music. What people chose to do was very much tailored to their own preferences with some group activities such as an entertainer or armchair exercises scheduled in as a regular occurrence. The new electronic system enabled the provider and registered manager to scrutinise how many people were participating in what types of activity on any given day; they could identify where there were gaps in available activities or where particular individuals were at risk of becoming isolated through non participation and could take action to address this. People had opportunities within their resident meetings to discuss the activities on offer and whether they wanted changes made.

Good

Is the service well-led?

Our findings

People spoke positively about being consulted and involved and felt listened to, they thought the provider and registered manager ran the service well. Comments included: "Yes we have meetings in the lounge and we all like to put our bit in for what it's worth." "We sometimes like to make a suggestion or two in the meetings, informal ones, just little things like we would like a bit of cake with our tea or something similar and of course we are listened to as we are the ones who live here." "It is wonderful here it really is I couldn't ask for anything more really." "We decide what's what really and I feel like it really is my home with the added bonus of help only a stone's throw away." "They always (the staff) ask our opinion before things are changed and what is more important is that they actually listen too." "We can always speak to the manager but I simply have no concerns, no concerns at all." "We asked for some new puzzles in the last meeting and look these lovely bright new ones arrived." "It is all kept so beautifully clean isn't it, a wonderful place to be when you are unable to manage in your own home."

The service has been family run for many years and people had confidence in the provider ensuring a quality service was maintained. The registered manager had been in post for a long time and this had provided people and staff with continuity. They worked alongside staff on shift when needed and this gave them a good grasp of what was happening in the service on a day to day basis; and find out what people receiving the service thought. The providers were a visible presence in the service and they were now taking a more direct involvement in the day to day running to take some pressure off the registered manager who wished to devote more time to care delivery. The provider gave direct supervision to the registered manager who felt they were kept informed and consulted about improvements, operational issues and proposed future developments.

Previously we had issued a requirement notice because we identified that there was a lack of auditing within the service and this hampered the provider's and registered managers ability to have an oversight of what happened in the service. This meant they were unable to assure themselves that tasks were being completed and people were receiving a good quality service. The provider with the involvement of the registered manager had invested in an electronic records system that enabled them to have greater scrutiny of day to day happenings in the service remotely if they were not onsite. All staff on shift carried a phone like device that enabled them to record immediately the support they had provided to a person. This information was recorded on the person's individual record on the computerised system.

Information could be reviewed by the provider or registered manager for an individual person, for example to monitor the food and fluid intake of a person at risk of malnutrition or dehydration. Or they could obtain an aggregation of activity for all service users for example how many baths/showers had been given in any one day, whether all medicines had been administered and if there were refusals. Which people had participated in activities and they type of activity, if there had been any incidents of behaviour. The provider was already able to scrutinise call bell time responses to ensure people were not left waiting too long and had done so on occasion in response to comments made regarding response times. The full range of functions of the new system were a work in progress to ensure they were fully utilised; the improvements better informed the provider and registered manager and provided greater assurance that people were

receiving appropriate care in a timely way.

Previously we had issued a requirement notice because we had identified that the provider and registered manager were not consistently making the Care Quality Commission aware of notifiable events such as the death of a service user. We checked accident and incident records and were satisfied that the registered manager understood the notification process and the criteria for making notifications but had not been required to do so since the last inspection.

Staff meetings were held from time to time but staff said they felt well supported and that there was an open door policy by the registered manager and deputy manager who were both very approachable. There were daily handovers which enabled staff coming on shift to be informed of any issues in relation to specific people and any health concerns or changes. During weekdays the registered manager participated in these handovers to ensure they was aware of all current issues and was also able to cascade important information to staff. Staff felt confident that they could raise issues at any time and that good confidentiality would be maintained. Staff spoke positively about team work and good communication.

The atmosphere within the service on the days of our inspection was relaxed, open and inclusive. Staff were seen to work in accordance to people's routines and support needs.

The views of people and their relatives were sought through surveys every year and through resident meetings and feedback via key worker meetings where they could discuss anything they wanted to and where staff would ask them about their care and support and whether they were happy with the current arrangements.

Information about individual people was much improved; clear, person specific and readily available. Guidance was in place to direct staff where needed. The language used within records reflected a positive and professional attitude towards the people supported.

Staff had access to policies and procedures these were reviewed regularly to ensure staff were made aware of any changes in practice, or guidance and they were reminded to read them.

The providers were members of the Kent integrated Care Association (KICA) attending seminars, meetings and making use of their websites. KICA is an independent body working on behalf of care providers in Kent, it provides forums for discussion and also offers training and advice and a regular informative newsletter.