Kingswood UK Home Ltd

Kingswood Home

Inspection report

140 Heene Rd
Worthing
West Sussex
BN11 4PJ

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Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

About the service:
Kingswood Home is registered to provide care and support for up to 23 people who may live with a dementia type illness or an acquired brain injury. The service provided support for both younger and older people. People required a range of help and support in relation to their care needs, which included diabetes and post stroke. There were 19 people living at the home at the time of the inspection.

People's experience of using this service:
• People, relatives and other stakeholders told us the quality of care and support was good. People told us, "I was a dairy farmer so I know about safety-I had 150 cows-I am safe here-they have locks on all the doors and they look after me well." and "Couldn't be cared for better, I'm safe here." A health professional told us, "I have no concerns about people's well-being."
• Whilst the provider had quality assurance systems to review the support and care provided, there was a need to further embed and develop some areas of practice that the existing quality assurance systems had missed. This included ensuring that care plans and risk assessments were updated to reflect important changes to a person's health and that the cleaning and medicine management were regularly audited. The provider did not have an overview of staff training and staff had not received a robust induction or skill competency checks.
• There were safeguarding systems and processes that protected people from harm. Staff knew the signs of abuse and what to do if they suspected it. One staff member said, "I have received training in safeguarding, I wouldn't hesitate to raise a safeguarding if our residents were at risk." Another staff member said, "I would raise it straight away."
• There were sufficient staff to meet people's individual needs: all of whom had passed recruitment procedures that ensured they were suitable for the role.
• There were systems to monitor people's safety and promote their health and wellbeing, these included health and social risk assessments and care plans. The provider ensured that when things went wrong, these incidents and accidents were recorded and lessons were learned.
• Medicines were managed safely. Medicine documentation and relevant policies followed best practice guidelines to ensure people received their medicines safely.
• Staff told us they received appropriate training and support to enable them to perform their roles effectively. People told us, "Staff know their stuff, look after me really well," and, "They are really well trained, I have to have help to get up and they do it so nicely."
• People's nutritional needs were monitored and reviewed. People had a choice of meals and staff knew people's likes and dislikes. People gave positive feedback about the food. Comments included, "Plenty of choice and always tasty," and, "Homemade meals and cakes, I've put on weight since I have lived here."
• The environment was comfortable and was adapted to meet people's needs. One person said, "It's so beautiful here, warm, cosy and friendly."
• People and relatives told us staff were 'kind' and 'caring'. They could express their views about the service and provide feedback. One person said, "A fantastic group of staff, everyone is wonderful, its calm and we can have a laugh."

• People's care was personalised to their individual needs. There was sufficient detail in people's care documentation that enabled staff to provide responsive care.
• The service provided a variety of activities in line with people's interests, such as quizzes and sing- songs and encouraged people's involvement. People, relatives and social care professionals told us staff engagement and interaction had a positive effect on people's quality of life. People told us they had been involved in choosing activities they enjoyed on a day to day basis.
• Management and staff demonstrated a good understanding of and response to people's diverse needs.
• People and staff told us the registered manager was, "Approachable and very kind," and, "Runs the place well."
• Referrals were made appropriately to outside agencies when required. For example, GP visits, community nurses and speech and language therapists (SALT). Notifications had been completed to inform CQC and other outside organisations when events occurred.

• More information is in the full report.

Rating at last inspection:
Good (report published 29 November 2016).
The overall rating for the service has changed to Requires Improvement. The service remained Good in safe, caring and responsive and Requires Improvement in effective and well-led.

Why we inspected:
This inspection was brought forward due to CQC receiving a number of anonymous concerns regarding staffing levels and the cleanliness of the service.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner. We will follow up on our recommendations at the next scheduled inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our Safe findings below.	**Good**
Is the service effective? The service was not always effective Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led Details are in our Well-Led findings below	**Requires Improvement**

Kingswood Home

Detailed findings

Background to this inspection

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

Inspection team:
The inspection team consisted of two inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The service is required to have a registered manager:
The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The service type:
Kingswood Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Kingswood Home can accommodate up to 23 people in one building; care was provided over three floors.

Notice of inspection:
We did not give the provider any notice of this inspection.

What we did:
Before the inspection we reviewed the information, we held about the service and the service provider, including the previous inspection report. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we spoke with:
• 12 people and observed care and support given to people in the dining room and lounges
• Two people's relatives/visitors.
• 7 members of staff
• Two external healthcare professionals.
• Five people's care records
• Records of accidents, incidents and complaints
• Four staff recruitment files and training records
• Audits, quality assurance reports and maintenance records

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes:
• People remained protected from the risks of abuse and harm.
• People told us they felt safe living at Kingswood Home. One person said, "I feel safe living here." Another resident said, "I didn't feel safe living near London, but I am safe here-my brother is close by." A visitor said, "I have peace of mind 24/7, I know he is safe now and seems happy- If the carers have any problems they would ring his brother who would ring me."
• There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority.
• Staff continued to have a good understanding of their responsibilities and how to safeguard people. A staff member said, "As a team we have all had training so we can always protect our residents, I have had training from my previous job as well." Another staff member said, "I would listen carefully, talk to the person about the issue and ask their permission to discuss it with the manager. I'm confident about the safeguarding procedures."
• Kingswood Home continued to follow the safeguarding procedures, make referrals to their local authority, as well as to notify the Care Quality Commission.

Assessing risk, safety monitoring and management:
• People had pre-admission assessments before they moved into Kingswood Home. This meant the service and staff could cater for people's care needs. We saw professionals' involvement in these assessments, including social workers and GP's.
• Kingswood Home continued to meet people and arranged trial periods to manage people's needs and assess risk before their admission. One person told us, "I did visit before moving in." Another person said, "I think I chose to stay here."
• People's risk assessments were detailed and were updated regularly. These plans set out risks and control measures to mitigate the risks. For example, people with mobility problems had an assessment that was used to give clear guidance for staff to follow. This included the specific equipment to be used, such as walking frames and electrical hoists.
• The environment and equipment continued to be well maintained, one person told us, "My room is beautifully kept, everything is looked after." People told us that any issues were dealt with straight away. One person said, "I needed my curtains rehung and it was done straight away." All electrical hoists had been serviced regularly as per the manufacturers guidance.
• There were detailed fire risk assessments, which covered all areas in the home. Staff confirmed they had had fire training. People had Personal Emergency Evacuation Plans (PEEPs) to ensure they were supported in the event of a fire. These were specific to people and their needs.
• Premises risk assessments and health and safety assessments continued to be reviewed on an annual basis, which included gas, electrical safety, legionella and fire equipment. The risk assessments also

included contingency plans in the event of a major incident such as fire, power loss or flood.

Staffing and recruitment:
• We looked at four staff personnel files and there was evidence of continuing robust recruitment procedures. All potential staff were required to complete an application form and attend an interview so their knowledge, skills and values could be assessed.
• The provider continued to undertake checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
• Staffing levels remained sufficient on the day of the inspection to meet the needs of the people who used the service. People we spoke with told us they felt staffing levels were sufficient to meet their needs. One person said, "There's always enough on duty." A second person told us, "There is always someone here and I think there are enough of them and we are never left alone at any time."
These comments were supported by our observations during the inspection visit.
• Staff rotas over the past three months identified there had been changes to staff due to staff leaving. However staffing levels remained consistent with other staff stepping in to cover shifts (including the registered manager) which meant the provider had systems to monitor staffing levels and ensure continuity and familiarity with people who used the service.

Using medicines safely:
• Medicines continued to be stored, administered and disposed of safely. People's medicines records confirmed they received their medicines as required. Medicines remained stored securely in lockable trollies. Medicines were supplied to the home in a monitored dosage system (MDS).
• Staff continued to receive regular medicines training and competency checks to ensure they administered medicines safely. People said if they had no concerns regarding their medicines. One person said, "I rely on the staff to give me my tablets, they have never let me down." A second person told us, "I get my pills on time each day they watch you swallow them." A visitor said, "My mother has regular medication but I am pleased to say they have been reduced since she came here."
• There were protocols for 'as required' (PRN) medicines such as pain relief medicines, which included recording the effectiveness of the medicine.

Preventing and controlling infection:
• Kingswood Home remained adequately maintained, clean and free from odour.
• Staff continued to have access to personal protective equipment (PPE) such as disposable gloves and aprons.
• Legionella testing and analysis had been completed and records confirmed this.
• Staff confirmed they had received training in infection control measures. Staff could tell us of how they managed infection control and were knowledgeable about the in-house policies and procedures that govern the service.

Learning lessons when things go wrong:
• Accidents and incidents were documented and recorded. Incidents/accidents were responded to by updating people's risk assessments. Any serious incidents were escalated to other organisations such as safeguarding teams and CQC.
• Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. For example, one person had had a fall, staff looked at the circumstances and ensured that risks such as footwear and trip hazards were explored. This meant staff could support the person safely.
• Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any

subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. This demonstrated that learning from incidents and accidents took place.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience:
• The registered manager told us all staff received an induction and this involved a day's training in all topics. However, the induction did not include formal training modules. The induction involved a discussion and single assessment of staff competence, all completed on the one day. The induction did not include training courses with certificates in specific topics such as Safeguarding and mental capacity act (MCA). Such topics were discussed with new staff members and the registered manager told us their knowledge was checked as part of the day's induction. An induction checklist was then completed to indicate the staff member was assessed as competent in induction standards after only this one induction day. This was not a robust method of inducting staff and assessing their competence to provide care for people.
• Staff told us that they completed essential training such as infection control, moving and handling and safeguarding. They also confirmed that they had specific training such as understanding dementia and diabetes. However, the training records and certificates supplied did not support regular essential training to provide safe and effective care. for example, moving and handling. Following the inspection, we received an updated training programme and were told that some people were booked into training over the next month.
These were areas that required improvement to ensure all staff had the appropriate knowledge and skills.
• People however told us staff were competent. One person said, "Staff know what they are doing and look after me well." A second person told us, "Staff know what they are doing and very helpful."
• Records showed staff supervision had been undertaken three monthly. This meant staff had received effective performance management to ensure positive outcomes for people. Staff had also received annual appraisals to promote staff development.
• The introduction of champions in safeguarding, medicine and infection control had been discussed now that senior care staff had been appointed. The registered manager said they were committed to consistently drive improvement. They showed a clear emphasis on improving staff knowledge and competencies.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• People continued to be involved in their care planning and the people we spoke with confirmed this. We asked people if they were involved in planning their move to the service, one person told us, "It was my choice, I did view other homes but I chose to come here.
• Staff continued to apply best practice principles, which led to good outcomes for people and supported a good quality of life.
• People's needs continued to be assessed and regularly reviewed. Care plan reviews took place at least monthly, or as and when required.
• People's past life histories and background information were also recorded in their care documentation.."

Supporting people to eat and drink enough to maintain a balanced diet:
• People's food preferences were considered when menus were planned. The chef visited everyone to ask them what meal they wanted, and clearly knew people's preferences. When one person was not able to choose, the chef explained clearly what the options were and said, "You love fish so would you like fish today." Comments from people included, "Good food, always tasty," "They offer us a choice and we can have something different if I don't want what's on the menu."
• People had appropriate risk assessments and care plans for nutrition and hydration.
• Choking risk assessments were completed where a risk was identified. Referrals to a speech and language therapist (SALT) had been made when necessary.
• People had correctly modified texture diets and fluids where there were risks of choking. Meals were attractively presented with portions suited to their appetite to encourage people to eat.
• Staff promoted independence with the provision of angled cutlery and plate guards. Staff assisted people with their meal if required. They assisted people in a respectful way ensuring they weren't rushed and maintained eye contact whilst talking to them.
• The registered manager had a 'tracker' which noted people's weights and malnutrition scores. These could be traced over time to check whether there were any risks and alert staff to request a dietitian's input. Peoples' weights were stable.

Staff working with other agencies to provide consistent, effective, timely care:
• Kingswood Home continued to ensure joined up working with other agencies and professionals to ensure people received effective care. People continued to have multi-disciplinary team meetings to discuss people's needs and wishes.
• The service had links with other organisations to access services, such as district nurses and specialist nurses such as tissue viability nurse.

Adapting service, design, decoration to meet people's needs:
• Kingswood Home is an older style building which has been converted sympathetically to provide a comfortable safe environment for the people who live there.
• People made use of all the communal areas on the ground floor. People could choose to sit in the lounge, conservatory or dining areas.
• People's rooms were personalised and could be individually decorated to their preferences, if they wished. People's rooms reflected their personal interests and contained furniture and other personal items.
• The garden areas were safe and suitable for people who used walking aids or wheelchairs.

Supporting people to live healthier lives, access healthcare services and support:
• A range of multi-disciplinary professionals and services continued to be involved in assessing, planning, implementing and evaluating people's care, treatment and needs. This was clear from the care planning documentation and the professional visiting logs. A visiting healthcare professional told us, "Staff have always been polite and knowledgeable about their residents and they are quick to refer to us when necessary. This really helps us to treat people effectively."
• People were assisted with access to appointments. One person told us, "If I have to go to the hospital, someone comes with me," and "I have never needed to call for a GP but I am going to see a dentist next week. I shall go in a taxi."
• Information was shared with hospitals when people visited. Each person had an information sheet that would accompany the person to hospital. This contained essential information about the person, such as their communication, mobility and medicines.

Ensuring consent to care and treatment in line with law and guidance:
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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. • We were told that not everyone currently living at the home had the capacity to make their own decisions about their lives and were subject to a DoLS.

• There was a file kept by the registered manager of all the DoLS submitted and their status. The documentation supported that each Dols application was decision specific for that person. For example, regarding restricted practices such as locked doors.
• Staff received training in the MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. The staff we spoke with confirmed this. One staff member told us, "Some people can no longer make some decisions and we need to support them in the safest way, we have best interest meetings with the family, G.P and involve advocates if necessary."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:
• Staff had good relationships with people, and appeared to know them well, including their likes and dislikes. Staff were caring towards people, and respected people's wishes. One person said, "Staff are very caring, they treat everyone with respect." A second person commented, "Staff are very good, kind and we can have a laugh together."
• People were treated with kindness and were positive about the staff's caring attitude.
• We saw friendships had developed between people, they greeted each other by name and sat chatting about each other's welfare.
• Equality and diversity continued to be promoted and responded to well. We also saw staff supported people to wear clothes of their choosing. People's clothing was respected by the laundry service. One person told us, "I can take my own clothes to the laundry, as long as they have my room number and name-but they would come and get them-they are very good, they look after our clothes very well." Staff ensured people were appropriately dressed in their own clothes.

Supporting people to express their views and be involved in making decisions about their care:
• People and families continued to be involved in reviews. People told us they had been involved in planning their care. One person told us, "I don't know about my care plan but I have a book in my room they write in. I trust the carers to look after me" and, "No one ever shouts or is unkind, I am happy living here."
• Records confirmed regular meetings were held with people and their relatives to discuss care. One relative said, "I could no longer cope at home with his specific needs and they can deal with that-he depends on them now. I don't need to see his care plan I have every confidence in them."
• Multi-disciplinary meetings were being held and people were involved in these meetings to discuss their needs and make decisions about the care.
• We asked people if they were involved in planning their move to the service, one person told us, "It was my decision, I looked at a few homes, but this one was my choice."

Respecting and promoting people's privacy, dignity and independence:
• People's right to privacy and confidentiality remained respected. One person told us, "Staff respect my privacy and at the same time they knock on my door and ask if I am okay." A visiting professional commented, "I've never had any concerns about the staff, they respect people's privacy when I visit."
• Throughout the inspection staff treated people respectfully. When a person became agitated staff continued to remain calm, polite and did not change their attitude or tone.
• Staff encouraged people to be independent. People told us, "I can do what I want. I can choose when I get up and go to bed; I like to get up early and staff pop in if I need any help." A second person said, "Staff are very kind and help me to stay independent. I manage my own money and staff support me if I need to get to

the bank." A visitor who had chosen Kingswood as an emergency measure said, "I find them all very helpful- she came after a fall –from hospital-I was very happy with my conversation with the manager- she is so much better since she arrived four weeks ago. She was walking with a walking frame now she is walking on her own. She is on the ground floor, which I am pleased about. I have power of attorney but she can make her own decisions at present-which I respect."

• Staff continued to treat people with dignity and respect and provided support in an individualised way.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• People continued to have choice and control in their day to day lives and were empowered to make their own choices about what they did with their time. One person said, "I am happy about my bedtimes and I can have a shower when I want one." "I was a farmer and used to wake up to see to the cows. I still wake up at 4 30am, but no one minds." Another said, "They know me and my ways well, just like family."
• People's needs assessments included information about their background, preferences and interests. Staff held conversations with people when they came to live at Kingswood Home about their life history, who was important in their lives, their lifestyle preferences and this was documented in their care plan. Staff then could engage with people and ensure they supported them in a way that was their choice.
•People told us they were involved in planning their care. One person said, "They listen to me, I do like to get washed before breakfast and staff know that." A care staff member said, "People are asked how they want their care and we make sure that is what they get." They provided examples of people choosing to have a wash, shower or bath according to preference, the time people wished to go to bed and get up, the clothes they liked to wear and the food and drink they preferred.
• Staff spoke knowledgeably about people's needs as well as their interests, this was accurate, according to people's care assessments and plans. One staff member said, "We use the care plans to learn about people. I haven't worked here long but I found the care plans helpful to learn about people's needs."
• People and relatives gave mixed feedback about the provision of social activities. People told us "We do quizzes, and I like the music and movement and sing songs, we have an entertainer every couple of weeks." People commented, "We get lots of entertainment, I love the quizzes," and "Lots of things organised and so enjoyable, gets my brain working." A relative told us, "[My family member] loves the entertainers that comes in to sing. Perhaps more often would be good for people."
• All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken initial steps to meet the AIS requirements by recording people's specific communication needs and were starting to introduce more aids to assist people. One person had started to speak their first language rather than English and staff were learning key phrases to assist and comfort the person.

Improving care quality in response to complaints or concerns:
• People told us they knew how to make a complaint. One person said, "I know how to make a complaint; I would go to the manager." A second person told us, "I've got no complaints about anything and feel happy living here." A third commented, "I would tell the manager if I was making a complaint but I've no complaints and I'm happy to be living here. It's a nice place, my room is lovely."
• There were processes, forms and policies for recording and investigating complaints.

• There was a clear complaints policy. People also had access to the service users guide which detailed how they could make a complaint.
• Complaints and concerns were very minimal. The service had one complaint logged by a person using the service and the registered manager had acted on this.

End of life care and support:
• The provider had a policy and procedure to guide staff in how to support people as they approached the end of their life. There was no one at this time receiving end of life care. Staff demonstrated they felt prepared and understood how to support people at the end of their life.
• Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home where this was the person's wish. The staff would be supported by the district nurses and hospice at home.
• Staff demonstrated compassion towards people they had cared for at the end of their life. They told of how they would support them health and comfort wise. This included ensuring adequate pain relief.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership systems did not always support the delivery of high-quality, person centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

●Systems and arrangements were not always used to monitor and improve the quality and safety of the service. This included ensuring staff updated care plans as requested following significant changes in a person's health and risks to their health. For example, a person had recently had a stroke and this had affected not only their mobility but also their risk of choking. The care plan and risk assessment had not been updated to reflect these changes. The staff and cook we spoke with were aware of those changes. They told us of how they used a hoist for all movements now and the person received a specific pureed diet and thickened fluids. However, there were new staff working in the home that might not have that important information. Therefore, there was a potential the person may not receive safe care as such matters had not been identified by the service's management systems.

● Medication audits were not being undertaken as regularly as the service policy stated.

● The provider did not always oversight of staff training, there was no training programme available and the certificates and list of training identified gaps in staff training which had not been explored or addressed. The registered manager supplied a training programme following the inspection which still identified gaps.

● Staff had daily handovers. However, the form used only contained minimal information. This meant that not everyone's possible changing needs had been considered, such as a person not eating or drinking very well and to encourage fluids. We discussed this with the registered manager and they told us they would review other methods of handover communication to make it more robust and provide a more consistent approach to changing needs.

● There had been anonymous concerns regarding the cleanliness of the service in November and December 2018. Whilst we found the home was adequately clean, there were no cleaning schedules or audits to monitor the cleanliness of the service on a day to day basis.

Engaging and involving people using the service, the public and staff:

● Information for people was not informative or up to date. There was a notice board in the reception and another within the home. One notice board in the entrance hall contained just a flyer for the external entertainer. The other board contained some information but was not placed in an area used by many people. The service had received a five rating from the food standard agency but the rating was not displayed within the home. The registered manager told us they would reorganise the boards so it would be more informative for people and their relatives, with the up to date information.

● People and relatives had had meetings, but these had been irregular over the past year. The registered manager explained meetings had been held but not written up as expected and the staff member had now left the service. This meant issues or areas identified by people that they wanted introduced or changed had

not been answered.
● The home had a calm atmosphere and was welcoming and friendly. On the day of the inspection some family members visited to see their relative. We heard the registered manager and staff engaging with them in a pleasant and informative manner.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:
●The provider was also the registered manager. The staffing issues in the latter part of 2018 had impacted on running of the home as the provider had had to cover shifts on the floor as well as using agency staff. He was open and transparent about how this had impacted on some areas of record keeping. He had worked with the Local Authority in respect of safeguarding investigations and kept CQC informed of the outcomes of the investigations.
●Staff told us they felt listened to and they felt registered manager was approachable and the service was well led.
● Staff spoke positively about the registered manager and felt they were supportive, one staff member said, "I really like working here, the residents are great and the manager is supportive of everyone."
● On the day of our visit the registered manager interacted in a relaxed and caring way with people and was observed to assist people when they moved around the home.

Working in partnership with others and Continuous learning and improving care:
● Health professionals we spoke with felt there was a positive working relationship between the registered manager and themselves. One health professional told us the manager was highly visible and the home was well run and managed effectively. Another said, "The manager knows exactly what is happening in the home."
●The service had good links with the local community and the provider worked in partnership to improve people's wellbeing. For example, community groups attended the home to provide entertainment.
● The registered manager positively encouraged feedback and acted on it to continuously improve the service, for example the environment of the home.