

Care South

Kenwith Castle Country House Care

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

Summary of findings

Overall summary

About the service

Kenwith Castle Country House Care is a residential care home that provides personal care for up to 59 people aged 65 and over. There were 43 people living there at the time of the inspection; some of whom were living with dementia. The original building is a period country house with a new wing. It faces a lake and is surrounded by grounds with parking.

The location is also registered for the regulated service to provide support in people's own homes. For example, the extra support housing in the grounds. However, this support is now provided by another service.

People's experience of using this service and what we found

People's quality of life was enhanced by the leadership of the registered manager and her commitment to a culture of improvement and inclusivity. Staff praised her approach, they said, "The team is mindful of the wellbeing of the people that live here and do their best to ensure that their individual needs are met. The home and surroundings are used in a beneficial way to enhance the lifestyle of the people that live here."

Feedback from relatives showed the registered manager was held in high esteem. Every relative who spoke with us praised the registered manager's approachability and friendliness. Relatives noted how their leadership style impacted on the staff group as a whole. People living, visiting and working at the home said they had or would recommend the home to others. A staff member said, "The manager is amazing and has made such a difference to the atmosphere and general aura in the home since taking over."

Since being appointed, the registered manager had reviewed the staffing structure at the service with staff. New roles and working patterns had been created to ensure unit leaders covered every day of the week to provide a consistent approach over weekends. People and relatives spoke highly of the way the service was run. Comments included, "Mum is definitely happy, I would definitely recommend Kenwith, the atmosphere is happy and friendly, everyone has a smile on their face, say hello and are welcoming." And, "Definitely recommend it, I would like to go there if I needed to! She is in a very good place; I would move her if care was not up to standard."

The registered manager and the staff team worked with a shared purpose putting people's well-being at the heart of their practice. A relative said, "Mum has been cared for with dedication and sensitivity right from the first day. On the day she moved in, she was given a warm welcome and efforts were made to make her feel at home. Her preferences were noted, and a flexible approach has been taken to ensure that she is comfortable and feels at ease."

The service recognised the importance of promoting social inclusion to improve people's quality of life. They ensured everyone living at the home had equal access to enjoy social events and the grounds of the home. A relative said, "This is the perfect home for (Name) and her lifestyle. She looks so much better now and is

enjoying the company of other residents and has made friends."

The registered manager had promoted the right for everyone to be able to access outdoor space with an awareness of people living with dementia and people using a wheelchair or mobility equipment. A new visual and auditory sensory garden had been created at the front of the building which had been planned with people living at the home and their families.

The service promoted an inclusive community. A social hub was the home's pub which resembled a traditional bar. It was open on Friday nights, but this was due to be extended to another night due to demand. A relative said, "The team have made Mum happy and given her a new lease of life - for this we will be ever grateful."

People's well-being was prioritised. Our conversations with the registered manager showed her passion for ensuring the adaptations to the home benefitted people's social needs. For example, they advocated for people living at the home regarding changes to the dining room to ensure it met their needs rather than changes being made on a purely aesthetic basis. People's views were gathered through surveys and regular discussions and were acted upon.

Consideration was given to how people with additional sensory needs were supported during different types of activities. Staff explained this meant adapting their approach and gave examples, they said, "It's all about dignity."

Staff explained how people were supported to have a comfortable and dignified end of life care by the care team and the community nursing team. Staff described how they changed their approach to support people nearing the end of their life, for example the way food and drink was offered and prepared. Activity staff also ensured they spent time with people cared for in bed ensuring they still felt in touch with the world around them, including recognising the importance of tactile objects for people to interact with. There was recognition of people's religious and spiritual beliefs and the impact this might have on their preferences and how they were cared for at the end stages of their life.

People had access to information about how to make a complaint and felt confident raising any concerns. For example, a person told us, "There is nothing I could change, if something cropped up, I would say."

Despite national staffing shortages, the management team had worked hard to ensure they recruited new staff. Recruitment checks helped ensure staff were suitable to support people. Newly recruited staff, and the existing staff team were extremely positive about the supportive environment created by the registered manager. For example, staff were valued, treated with respect which positively influenced their own approach with people living at the home. A staff member said, "... it's made me who I am today. So, I owe them a lot for that." Relatives and people living at the service commented on the caliber of staff. For example, a relative said, "Yes, she is kept very safe, especially through lockdown, staff are excellent, could not fault them, security is good, ...good care, bells answered quickly."

People were complimentary about the staff group who they said worked closely as a team, which benefited them as their care was provided in a consistent manner with a focus on their dignity and individuality. For example, one person said, "Staff are great, very helpful and kind, very nice. I can talk to them" and another said, "The staff are exceptional." A relative said, "Yes very caring staff, it is lovely to hear them say that they love my Mum."

People were relaxed with one another and the staff group. People commented on the importance of companionship and their friendships within the home. Visitors said they were reassured by their relative's

appearance and contentment. For example, relatives said, "She generally expects it to be her forever home, which is down to staff" and "Can't talk highly enough as to how they make Mum's life enjoyable, everything from day one makes us and her feel comfortable."

Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. Care files were personalised to reflect people's personal preferences. People's views and suggestions were provided with the opportunity to feedback on their experience, which was taken into account to improve the service.

People were supported to maintain a balanced diet with a weekly menu and choices. One person told us, "The food is very good. I have put on half a stone since being here." Their relative said, "Food is excellent, great choice, she is well nourished and has put on half a stone, drinks on offer, water jug always topped up..." Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff followed current hygiene practice to reduce the risk of infections. Visitors and people commented positively on the standard of cleanliness, for example, "Everywhere is beautifully clean" and "Clean, very clean." Health and safety checks of the premises and equipment were carried out at regular intervals. People received their medicines in the way prescribed for them.

Before people moved to Kenwith Castle Country House Care an assessment was completed to identify the level of support they needed. This assessment included risks to their health and well-being. People's care needs were regularly reviewed and updated.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on June 2021 and this is their first inspection

Why we inspected

This was a planned inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our inspection, by selecting the 'all reports' link for Kenwith Castle Country House Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Kenwith Castle Country House Care

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors visited the service on the first day and one inspector on the second day. On the third day, we gave feedback to the management team on a Teams call.

An Expert by Experience called relatives to gather their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Kenwith Castle Country House Care is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kenwith Castle Country House Care is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage

the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on the first day. It was announced on the second day.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the home had been registered. We used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection, we spoke with eleven members of staff which included the registered manager and the regional director. Nine staff completed questionnaires sent out by CQC.

We met with 17 people who lived at the service, and spoke with ten in more depth, and observed interactions between people and staff. During our site visit we spoke with one visitor and spoke with ten relatives on the phone.

We reviewed a range of records, including people's care records, staff recruitment files, records relating to safety checks including fire safety, complaints records, accident and incident records. We also reviewed medicines records and records relating to monitoring and quality assurance.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service provided safe care to people. People looked at ease and comfortable in the company of staff. For example, they said, "Staff are very nice. They are very polite and happy. I treat them like friends. I feel safe. There are enough staff." People wore pendants so they could call for help, if needed.
- Relatives said they would recommend the service to other families. For example, "Yes, she is kept safe, the home is well run and secure, no comparison with other places we visited, lovely grounds" and "She is definitely safe...nice warm comfortable room, staff always around, she has a call bell..."
- Staff had received training on how to safeguard people and were able to identify different types of abuse and explain both internal and external reporting processes.

Assessing risk, safety monitoring and management

- Before people moved to Kenwith Castle Country House Care an assessment was completed to identify the level of support they needed. This assessment included risks to their health and well-being.
- People's care needs were regularly reviewed, and updated, when necessary, to ensure they reflected the person's current needs. Where appropriate, care records identified risks in relation to falls, nutrition and people's pressure care.
- Staff confirmed they were updated on each shift through verbal handovers and written records, for example if people's care needs had changed. Staff said the quality of shared information was good which enabled them to provide appropriate monitoring and support to everyone.
- A team of two permanent maintenance staff ensured the environment and equipment were well maintained to keep people and staff safe. Checks included fire equipment and hot water temperatures. A relative commented, "No problems, any maintenance issues are dealt with immediately."

Staffing and recruitment

- The staff team met people's care needs. For example, feedback from relatives that staff responded to call bells in a timely manner. Despite national staffing shortages, the management team and provider had worked hard to attract new recruits, while also keeping a core stable team of staff. The provider showed their appreciation of the value of their staff with different rewards for staff loyalty and good practice.
- Where necessary, arranged agency staff covered temporary vacancies but the registered manager explained they were a consistent group of agency staff, for example one person only worked at Kenwith Castle Country House Care and had set shifts. This meant people living at the home benefited from staff who knew them.
- Relatives commented on the caliber of staff. For example, "Yes, she is kept very safe, especially through lockdown, staff are excellent, could not fault them, security is good, ...good care, bells answered quickly."

We saw staff were attentive, for example checking on people's well-being. A few relatives said, in their view, more staff were needed; we did not see staffing levels had an impact on the care of people living at the home.

- During our visit, there was a medical emergency, we saw staff responded quickly and were available to assist the individual.
- The staff team had worked hard to ensure staffing levels were suitable to meet people's needs. Staff had covered shifts at short notice due to sickness and worked well as a team.
- Relevant checks were completed to ensure staff were suitable to work in a care setting and there was a thorough recruitment process.

Using medicines safely

- Current records showed people received their medicines in the way prescribed for them. There had been some supply issues and delays in obtaining some medicines. A meeting with the supplying pharmacy and GP surgery was planned to try to overcome these problems.
- Medicine rooms were clean and tidy, with room and fridge temperatures checked daily to ensure medicines were safe to use.
- Specific staff administered medicine, they were trained and had their competency checked. Records showed all staff were up to date in their training.
- A unit leader carried out monthly audits, and every three months an audit team carried out checks. Where necessary, an action plan was created to address any improvements needed.

Preventing and controlling infection

- The home was clean, tidy and free from persistent odours. Visitors commented positively on the standard of cleanliness, for example, commenting "everywhere is beautifully clean" and "Clean, very clean."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The registered manager had already requested staff to address the cluttered appearance; we discussed the current layout of the laundry. By the second day, the room was tidy and less cluttered. The registered manager planned to seek advice from a relevant agency regarding the layout to ensure best practice was maintained.
- We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- People were supported to see visitors in line with current UK Government guidance. At the time of our inspection there were no restrictions on visiting.

Learning lessons when things go wrong

- There were systems in place that ensured accidents, incidents or near misses were reviewed by the management team and remedial action was taken to reduce any identified or emerging risk.
- Where necessary, the registered manager had implemented changes to practice to reduce the likelihood of a reoccurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed before they started to use the service, and people, where possible, were encouraged to visit the home. A relative said, "We visited 5-6 homes but Kenwith was our first choice, really nice and at the time both my parents were accommodated in a lovely double room." Where possible, people were shown a choice of rooms.
- The registered manager and their team knew the importance of gathering as much information as possible to help make the individual's move to the home go smoothly and ensure they could meet their care needs. Relatives said, "She generally expects it to be her forever home, which is down to staff" and "Can't talk highly enough as to how they make Mum's life enjoyable, everything from day one makes us and her feel comfortable."
- Information from assessments was used in planning and delivering care in a way which met people's individual needs. For example, how they involved people in decision making when discussing their strengths and what was important to them. For one person, staff recognised independence and the ability to go outside was a key factor to the success of their move to the home. We saw their care records captured this personal goal and supported it. With risk assessments and monitoring, this person was enabled to retain their independence.

Staff support: induction, training, skills and experience

- Staff were supported to carry out their individual roles through a range of comprehensive training, supervisions and competency checks. Records and audits confirmed this happened, as did staff feedback.
- Staff said they were provided with a wide range of training to enable them to care for people and understand their care needs. Individuals gave us examples where they had been encouraged to learn new skills and take on new roles to advance their knowledge and career. Staff were enthusiastic and welcomed the opportunities open to them.
- Staff gave positive feedback on their induction experience which showed they felt well supported and prepared for their role. New staff also commented on a warm welcome from their colleagues when they arrived for their induction.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet.
- People said they were happy with the meals provided and the choice. One person told us, "The food is very good. I have put on half a stone since being here." Their relative said, "Food is excellent, great choice, she is well nourished and has put on half a stone, drinks on offer, water jug always topped up..."
- People said they liked that they could change their minds, for example swapping their normal choice of

Weetabix for a cooked breakfast.

- The dining room was undergoing refurbishment with work due to start imminently to enhance the dining experience for people choosing to eat there. Some people currently chose to eat in the lounges or in their rooms; staff respected their decision.
- Staff who prepared meals met with individuals as part of their monthly care review. This helped them get to know people's likes and dislikes, allergies, and gather feedback on the menu. People commented staff knew their preferences, and we saw this at lunchtime in the way staff interacted with individuals regarding their choices. A relative said, "Food is very good, staff help her with choices and know what she likes, good home cooked nutritious meals, she also has milk shakes."
- A range of drinks were readily available, which people and visitors confirmed. This included, where chosen, alcohol with their meal, such as wine. Staff knew people's preferences but still checked with individuals to ensure they had choice and their drink was prepared in their preferred way.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were reassured by timely care and staff knowledge of their health needs.
- People were referred to health care professionals when their needs changed, for example the chiropodist and GPs. This was confirmed by their care records. People told us they were well cared for by staff, and confirmed health professionals visited when necessary.
- Staff worked with relevant health professionals to provide specialist support to people, for example to maintain their nutrition and hydration. People were weighed, and their health monitored, with action being taken where necessary, for example food supplements for unplanned weight loss.
- Visitors told us there was good communication and information sharing when their relative's health had changed or when they had moved from another care setting. This gave them peace of mind.

Adapting service, design, decoration to meet people's needs

- People's wellbeing was enhanced by their surroundings.
- People told us they appreciated their surroundings, including the size of their bedrooms and the quality of the furnishings and décor. People took great pleasure from the views and being able to make their room reflect their lives and tastes. Rooms were personalised, well decorated and contained people's own furniture and paintings.
- Some people had chosen to identify their bedroom door with a personalised sign, which was fixed at a height personal to them. For example, taking into consideration if they used a wheelchair.
- There was a choice of communal spaces to spend time, including a large private room, which was used for family functions.
- On the day of our inspection, an ambience consultant visited the home to discuss improvements to the dining experience for people living at the home through the décor, layout and meal presentation. The registered manager took an active part in this visit ensuring feedback from people living at the home and their care needs fed into the final design.

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 MCA 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 when this is in their best interests

and legally authorised under the MCA. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. Peoples capacity to make decisions about their care and support was assessed on an on-going basis in line with the MCA.
- People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, DoLS applications had been made to the relevant local authority where it had been identified as necessary.
- People were asked for their consent and staff acted in accordance with their wishes. Staff involved people in decisions and allowed them time to make their wishes known.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People, staff and relatives had formed positive and respectful relationships.
- People were complimentary about the staff group who they said worked closely as a team, which benefited them as their care was provided in a consistent manner with a focus on their dignity and individuality. For example, one person said, "Staff are great, very helpful and kind, very nice. I can talk to them" and another said, "The staff are exceptional." A relative said, "Yes very caring staff, it is lovely to hear them say that they love my Mum."
- People commented on the importance of companionship and their friendships within the home. We saw how staff facilitated these relationships and encouraged them. One person said they had been made to feel very welcome at the home and had their own friendship group which was very important and special to them. They felt their health had really improved since being at the home and they were "a different person." Their relative agreed with this.
- Visitors said the staff group were kind and accommodating, trying to meet people's individual care needs and interests. For example, they said, "Definitely caring staff, the way they speak to her and deal with her caring needs, always use her name, treat her with dignity, knock on the door, she is always dressed nicely, they pick out pretty clothes, draw the curtains before washing her, never leave her in a mess or uncomfortable, she always looks how I would like to see her."
- Staff inductions and peer support promoted a person-centred approach with the aim for staff to respect each person's individual experience of care, enabling them to get to know the people using the service and hear feedback directly from them.

Supporting people to express their views and be involved in making decisions about their care;

Respecting and promoting people's privacy, dignity and independence

- People received kind and compassionate care from staff who used positive, respectful language which people appreciated. For example, they said, "Staff go out of their way to make sure we're alright."
- Relatives felt reassured by the ethos of the staff group to maintain people's dignity and independence. For example, one visitor said staff "always treat her with dignity, ask us to leave the room, if necessary, she has showers and enjoys a deep bath occasionally, she values her independence and staff encourage it, they know her well." Another relative said, "Definitely caring staff, they speak nicely to the residents." They then described how the staff were perceptive regarding people's individual needs.
- The registered manager was a role model for staff in her person centred approach. For example, despite several practical barriers, they prioritised a person's independence to access the grounds surrounding the home. They listened to what was important to the person. They recognised how important this access was to the person's mental well-being. They told us the practical barriers could be overcome in time, but the

priority was the individual's independence.

- Staff were respectful in their manner, including when discussing people's changing needs with each other or sharing information with us.
- Maintaining people's dignity was an important consideration for the registered manager when they reviewed how the service supported people. For example, a new discreet system had been installed so only emergency call bells could be heard. This meant there was a calm atmosphere without the intrusion of bells. One individual had a sensor in their room to enable staff to be alerted if they left their room to reduce their risk of falls. This had been positioned so staff were not alerted if they chose to 'potter' around their room, which they enjoyed.
- People's confidential information was stored securely in locked rooms or held electronically, which could only be accessed by people who needed to see it.
- Staff encouraged people and their relatives to be involved in making decisions about their care; people told us staff listened to them.
- There were regular care plan reviews where people and appropriate others could be involved.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager and staff group created an environment which was very supportive to people living with dementia. They recognised the importance of promoting social inclusion to improve people's quality of life. For example, ensuring everyone living at the home had equal access to enjoy social events, exercise and the grounds of the home. Exercise and sport were adapted to suit people's ability. A person living with dementia said participating improved their social life and their health, for example, "Skittles and basketball...keep me mobile...(and) stops me sitting on my own and feeling lonely." A relative said, "Putting residents first always seems to be the priority of the staff. Caring but professional at all times."
- Activities were designed to give people a sense of usefulness and purpose, so they felt valued. A person told us, "The sensory garden is very relaxing, and I see potting plants as a hobby. It keeps me mentally alert." The new visual and auditory sensory garden had been created at the front of the building which had been planned with people living at the home and their families. Wide winding paths enabled people to walk side by side, flowers were edible and perfumed, a variety of seating offered choice, while a large bandstand style pergola provided shade. The garden was discreetly secure and encompassed by the walls of the building and at the front, stylish railings enabled an unhampered view of the lake, both at standing and wheelchair height.
- Building new friendships and relationships was an important aspect of life at the home, but the registered manager recognised this was not always easy when living with others with differing needs in a communal setting. Music was recognised as a way of bonding people. New Smart televisions were used in group singing sessions, such as at Christmas. Staff recounted how people's faces lit up as they sang along, recognising familiar choruses and choosing their favourites. A person said following the words on the screen and singing with others made them "feel alert and happy."
- The registered manager had promoted the right for everyone to be able to access outdoor space with an awareness of people living with dementia and people using a wheelchair or mobility equipment. The door in one of the main lounges was unlocked during the daytime and opened onto a shallow wide slope with handrails to make the garden accessible for everyone. Activities staff told us how the garden boosted people's moods and reduced their stress level.
- The registered manager and staff were always searching for new innovations to provide people living with dementia with more resources to enjoy and stimulate them. An interactive table was chosen with a wide range of activities, including a drawing class using numbered steps. People living with dementia drew a rabbit together to celebrate the Chinese New Year. A person said they could not have drawn the rabbit without the help of 'the machine'. They said, "It made me laugh, which is always a good thing."
- People's skills were celebrated. A person told us how they used to play the piano which brought them joy.

However, they no longer had the dexterity to play the piano. Instead they used the piano mode on the interactive table and played for others. They said, "Music is a great strength, if you feel low; it will give you a lift..." and were happy they could play again.

- To maintain family bonds, relatives and friends were encouraged to visit, and pets were welcomed into the home. People and their families praised the creation of the newly opened garden, including the view it gave people from communal areas and bedrooms to enhance people's emotional well-being. People, their families and staff through their conversations with us, shared a sense of pride and satisfaction in the creation of further space for people to meet and socialise or find some peace from communal living.
- The service promoted an inclusive community; people from the local community joined people living at the home. A social hub was the home's pub which was a traditional bar. It opened on Friday nights, but this was due to be extended to another night due to demand. It was run by activities staff who ran a pub quiz. One member of the catering team volunteered on a Friday night and had created an extended bar menu, including homemade pasties. People told us how much they liked to attend. A relative wrote in a review, "This is the perfect home for (Name) and her lifestyle. She looks so much better now and is enjoying the company of other residents and has made friends."
- People's well-being was prioritised. A staff member said "It's all about dignity" when they spoke about what was the foundation for good care. This summed up the ethos of the service, for example to maintain people's well-being by ensuring changes benefited them and impacted positively on their well-being. This was demonstrated by feedback from people living at the home who spoke about the importance of friendships, conversations at mealtimes and consultation about the changes to the dining room.
- Good dementia friendly design includes familiar features to promote comfortable feelings between people living with dementia, staff and visitors. Good design helped people feel in control and at home in their own space. Support and encouragement from staff had resulted in people becoming more confident to use the dining room when they were self-conscious of their eating style. This enabled them to be included in the social life of the community living at the home. For example, our conversations with the registered manager showed her passion for ensuring the adaptations to the home benefitted people's social needs and their well-being. They advocated for people living at the home regarding changes to the dining room to ensure it met their needs rather than changes being made on a purely aesthetic basis. This included the size of tables for ease of conversation; the registered manager recognised the social embarrassment and isolation caused by not hearing a group conversation. They also knew the importance of effective lighting to compensate for deteriorating eyesight to reduce the risk of falls and being able to see food to eat without mishap and maintain people's dignity. They were clear regarding the style of crockery needed to suit people living with dementia to help them see outlines and colours. This therefore enabled them to eat independently and with enjoyment as they could see what they were eating and be independent.
- There was a full programme of meaningful activities to engage and encourage people to be involved. Social events replicated people's previous lifestyles through weekend and evening events. There had recently been a fashion show featuring staff which gave people living at the home the opportunity of buying new clothes in a social setting. A relative said, "The team have made Mum happy and given her a new lease of life - for this we will be ever grateful."
- The registered manager promoted a service that encouraged equality and respected people's diversity. The impact of the service's person centred culture was clear, for example staff deployment. Activities staff spread their hours over the week, for example weekends, recognising not everyone had regular visitors at this time. An additional staff member was due to start to help ensure there was a broad spectrum of events to meet people's interests.
- People's views about activities were gathered through surveys and regular discussions. Relatives appreciated the personalised approach by staff, for example, "Yes, very caring staff, (Name) enjoys knitting and had run out of wool until we visited but a member of staff got (Name) some, little things like that make a difference, general kindness." And, "Definitely recommend Kenwith, lovely party for the Queen's Jubilee with

a cream tea, we are very happy that she gets the care and service that she deserves."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Lessons had been learnt from a complaint relating to hearing aids and the impact on an individual. As a result, hearing aid batteries were changed with people's agreement at a regular time to ensure all people's hearing aids were working to enable people to participate in conversations and feel included in social events and mealtimes.
- Consideration was given to how people with additional sensory needs were supported during different types of activities. Staff explained this meant adapting their approach and gave examples, such as one to one support and enlarged wording.

End of life care and support

- Staff explained how people were supported to have a comfortable and dignified end of life care by the care team and the community nursing team, GPs and family to ensure people's needs and wishes were met in a timely way. A relative thanked staff for 'making his last days comfortable and pain free.' They also thanked staff for the flowers they received from the service; the registered manager said flowers were always sent in recognition of their loss. Where possible, they also made a follow up call to relatives as they recognised how much staff and the care home had also become part of their lives.
- Staff described how they changed their approach to support people nearing the end of their life, for example the way food and drink was offered and prepared. Activity staff also ensured they spent time with people cared for in bed ensuring they still felt in touch with the world around them, including recognising the importance of tactile objects for people to interact with. For example, if people had a connection with the seaside then they created a tray with objects from the beach to start discussions, such as shells. For people living with advanced dementia, staff worked as a team to consider what they knew about the person and how to respond to their individual needs. For example, through music, poetry or a gentle hand massage; staff recognised the power of holding a person's hand, so they knew they were not alone.
- There was recognition of people's religious and spiritual beliefs and the impact this might have on their preferences and how they were cared for at the end stages of their life.

Improving care quality in response to complaints or concerns

- People had access to information about how to make a complaint and felt confident raising any concerns. For example, a person told us, "There is nothing I could change, if something cropped up, I would say." Other people confirmed there was nothing they would change about their life at Kenwith Castle.
- People had access to information about how to make a complaint and felt confident raising any concerns. One person told us, "I can go to any of the staff if I have a problem." One person was unhappy that the new spotlights in the garden were too bright and shone in their room. The registered manager ensured the angle was changed and the bulbs changed to a warmer hue.
- The registered manager recognised complaints recording could be enhanced by capturing people's 'niggles' or concerns to prevent issues from escalating by addressing them at an early stage. This was a positive approach and showed the registered manager's commitment to learn and improve the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A "resident of the day" initiative meant people were regularly involved in a full review of their care. This included their health needs as well as social and environmental needs. This ensured care and support remained responsive to people's changing needs and preferences. People were involved in their care plans. People's care plans covered areas such as skin care, mobility, personal care and eating and drinking.
- Staff knew the people they supported well. This was demonstrated through their approach and our conversations with them and people living at the home. For example, a staff member said, "I get to know the service users by talking with them and spending time with them. The main way to help get to know them, I feel, is by reading their care plan as this gives you a good insight to the person they are and the person they once were."
- People felt confident to ask the staff for help. They were aware of the different shifts staff worked and greeted them warmly. A relative said, "Mum has been cared for with dedication and sensitivity right from the first day. On the day she moved in, she was given a warm welcome and efforts were made to make her feel at home. Her preferences were noted, and a flexible approach has been taken to ensure that she is comfortable and feels at ease."
- Care files included personal information and identified the relevant professionals involved in people's care, such as their GP. Appropriate assessments were completed and up to date, from initial planning through to on-going reviews of care. This helped staff provide personalised care and support. A relative said, "The staff are really friendly. Mum is well looked after."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's quality of life was enhanced by the leadership of the registered manager and her commitment to a culture of improvement and inclusivity. Staff praised her approach, they said, "The team is mindful of the wellbeing of the people that live here and do their best to ensure that their individual needs are met. The home and surroundings are used in a beneficial way to enhance the lifestyle of the people that live here." People's praise and their participation in the official opening of the sensory garden clearly showed they were happy with the running of the home and their appreciation of the changes being made. A number of relatives commented on the positive friendly feeling when they visited, such as, the "atmosphere is happy, residents always look happy and cheerful."
- Feedback from relatives showed the registered manager was held in high esteem. Every relative who spoke with us praised the registered manager's approachability and friendliness. Relatives noted how their leadership style impacted on the staff group as a whole, for example "...the reception staff, always have a smile on their faces, great staff."
- People's emotional well-being was at the heart of the service as shown by the registered manager and the provider's investment into recent additional benefits, for example the creation of the sensory garden, the improved pub and changes to the dining room. All designed to enhance people's social interactions and make them feel part of a community. For example, a relative said, ""She is a ringleader with activities, enjoys most of them, she has a pool of friends and wants to stay with them in the Home at Christmas rather than come to us!"
- People were encouraged to lead fulfilled lives. People living, visiting and working at the home said they had or would recommend the home to others. A staff member said, "The manager is amazing and has made such a difference to the atmosphere and general aura in the home since taking over. My team are equally amazing, and we all enjoy trying to make the lives of the residents as fulfilled and enjoyable as we can."
- People's equality, diversity and human rights were respected. The service's website stated, 'Nothing is ever too much trouble for us when it comes to the care and comfort of residents and we always go the extra mile to help residents maintain their lifestyle and independence.' Our inspection found that the organisation's statement was embedded in the culture of the home.

Continuous learning and improving care

- Staff were valued, treated with respect which positively influenced their own approach with people living at the home. A staff member said, "... it's made me who I am today. So, I owe them a lot for that."
- The new provider and the registered manager had worked hard to instil a culture of care in which staff

were truly valued enabling them to develop their careers, recognise their skills and allow them to flourish. For example, a staff member was encouraged to change their role within the home in recognition of an interest they held outside of work. They told us, "They offered all the training I needed, and I had a long induction ...until I was ready to go solo. They've also offered me a chance to complete an NVQ so I can better myself and have more knowledge." The staff member enthusiastically described the impact of this change of role had made to them regarding job satisfaction and their knowledge of making a difference to people's lives.

- Staff commented on the registered manager's dedication and their caring attitude. With the provider's agreement, the registered manager had created a new large staff room, decorated with staff consultation, which included an area to prepare snacks and drinks. Staff appreciated this gesture, and the provision of free sandwiches and drinks, and a place to relax during their breaks.
- All staff had free access to an external well-being support team and there were staff representatives to raise any staff groups issues. A staff member said described the "love and support" provided to them to enabled them to come back to work after health issues. They said, "The staff are well looked after..." and went on to describe the registered manager observant and intuitive nature to the changing needs of staff.
- Since being appointed, the registered manager had reviewed the staffing structure at the service with staff. New roles and working patterns had been created to ensure unit leaders covered every day of the week to provide a consistent approach over weekends. The unit leaders also worked on some shifts to update their knowledge. This meant senior staff could support care staff and answer questions or queries from visiting families.
- Different start times also enabled the registered manager and unit leaders to provide management cover earlier and later in the day. Therefore, increasing their availability to staff, relatives and people living at the home.
- New approaches, such as the 'Resident of the Day', and established practices such as handovers and huddle meetings with heads of department meant all staff recognised their role in creating a caring and progressive service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was constructive engagement with staff, people using the service and family members in order to provide person-centred care, promote positive outcomes for people's well-being and reassure relatives.
- Good communication meant people felt involved and consulted about changes, for example people took an active interest in the dining room's décor and the creation of the sensory garden, including choosing plants which had an emotional memory attached to them.
- The management team communicated their appreciation of the hard work and commitment of all staff and the positive impact they had on people's lives. Individual contributions were also recognised; staff told us how much they enjoyed working at the home and whatever their role felt part of their team. For example, one staff said, "Reception often gets involved with activities such as (the) fashion show, bake off etc so we can interact with the residents, plus the residents who eat in the dining room, pass through reception and always stop for a quick chat."
- Team meetings enabled staff to discuss specific topics relevant to their roles and the needs of people living at the service. These included discussions about good practice and opportunities for the staff to teach others and share their ideas. Supervisions included formally organised one to one sessions, appraisals, peer support, competency checks and regular team meetings.

Working in partnership with others

- People and relatives spoke highly of the way the service was run. Comments included, "Mum is definitely happy, I would definitely recommend Kenwith, the atmosphere is happy and friendly, everyone has a smile

on their face, say hello and are welcoming." And, "Definitely recommend it, I would like to go there if I needed to! She is in a very good place; I would move her if care was not up to standard."

- Social occasions and invitations to meetings enabled relatives and people living at the home to influence the running of the service and gave an opportunity to feedback on the quality of care.
- The service worked well in partnership with other health and social care organisations, shown through records, discussion and feedback. Relatives commented on the positive impact the ethos of the home had upon their relative, for example, "For me it has been the best thing we have done for Mum, slowed her deterioration, (which is) down to the staff team."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was visible in the service, leading by example, approachable and took a genuine interest in what people, staff, family, and other professionals had to say. Staff felt respected, supported and valued which supported a positive and improvement-driven culture.
- The registered manager and their management team had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team.
- Strong working relationships had been developed by the registered manager and the staff team showed a high level of experience and capability to deliver excellent care.