

Runwood Homes Limited

Kathryn Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

The Inspection took place on 15 March 2017 and 4 April 2017 and was unannounced.

Kathryn Court is registered to provide accommodation and personal care without nursing to 52 older people, some of whom may be living with dementia. The service was full on both inspection dates and there is a waiting list in place.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had excellent quality assurance systems in place to monitor the service and to drive improvements. The registered manager and staff put people at the heart of what they do and provide a high quality service that not only meets but exceeds people's expectations.

People consistently received safe care and support. Staff had a very good understanding of how to protect people from the risk of harm. There were always enough staff on duty who had been safely recruited to ensure they provided people with safe care that met their needs and expectations. Risks to people were well managed by a confident staff team. Where people required support with their medication it was done so correctly. People received their medication safely and as prescribed.

People were well cared for by staff who were well trained and supported and had the knowledge and skills to carry out their role competently. Staff had access to up to date guidance and information to support them when necessary. The registered manager and staff had a clear and detailed understanding of the Mental Capacity Act (MCA) 2005 and had received training to ensure that where people lacked the capacity to make decisions they were protected. People were supported to maintain a healthy balanced diet and their healthcare needs had been met.

Without exception staff were kind, caring, compassionate and thoughtful and they knew the people they cared for well. They always respected people and ensured that their privacy and dignity was maintained at all times. People were encouraged and supported to express their views and opinions and received the support they needed to follow their individual hobbies and interests. The service provided people with advocacy contact details for use if needed.

People and their relatives had been fully involved in the assessment and care planning process. They said that the service 'went the extra mile' to involve them with people's on-going care. People's care plans and risk assessments ensured that they were cared for in a way they preferred. The care plans provided staff with the information they needed to meet individual's needs and preferences and to care for them safely.

People's complaints and concerns were dealt with swiftly to their satisfaction which gave them the confidence to raise any concerns.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of harm. Staff had been safely recruited and there were sufficient suitable, skilled and qualified staff to meet people's assessed needs.

Medication management was good and ensured that people received their medication as prescribed.

Is the service effective?

Good ●

The service was effective.

People were cared for by well trained and supported staff.

The registered manager and staff had an excellent knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and had applied it appropriately.

People had plenty of food and drink to meet their individual needs and experienced positive outcomes regarding their healthcare needs.

Is the service caring?

Good ●

The service was very caring.

People consistently received their care from kind, caring, thoughtful and considerate staff that knew them well and were always compassionate in their approach.

People and their families were fully involved in their care and support and were actively encouraged to follow their faith. Advocacy services were available when needed.

Is the service responsive?

Good ●

The service was responsive.

People's involvement in their assessment and care plans

ensured that staff had excellent information about how people wanted, and needed their diverse needs to be catered for.

There was a detailed complaints procedure that was easily available for people to refer to. People could be confident that their complaints and concerns were dealt with appropriately and to their satisfaction.

Is the service well-led?

The service was very well-led.

People who use the service, their relatives and staff had confidence in the registered manager. Staff shared the registered manager's vision to provide people with excellent person centred care.

There were excellent quality assurance systems in place to monitor the service and drive improvements. The registered manager and staff put people at the heart of what they do and provide a high quality service that not only meets but exceeds people's expectations.

People received an outstanding service.

Outstanding 

Kathryn Court

Detailed findings

Background to this inspection

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

This inspection took place on 15 March 2017 and 4 April 2017 and was unannounced. The inspection was carried out by one inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during 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.

We spoke with 10 people, six of their relatives, the registered manger, the deputy manager, nine members of staff and a visiting professional. We reviewed six people's care files, five staff recruitment and support files, medication and training records and quality assurance information.

Is the service safe?

Our findings

People consistently told us they were safe and well cared for. We observed that they were comfortable, relaxed and happy with staff and with each other. One person said, "I love it here, it is very nice." Another person told us, "I feel very safe and well looked after by the staff." Visiting relative's comments included, "This place [Kathryn Court] is a godsend. I can leave here and relax knowing my relative is in good hands, well looked after and safe." And, "When I leave here I can close the door knowing my relative is safe and well cared for." We saw many written compliments stating how 'extremely content' people were living at Kathryn Court. A visiting professional told us they visited the service regularly and felt that people were safe and happy.

There were information leaflets and posters about safeguarding people displayed in the staff room, care team manager's office, the laundry, and the care plan cupboard and entrance hall. The registered manager and staff had a clear understanding of the service's safeguarding procedures and described how and when they would apply them. There were policies, procedures and flowcharts available for staff to refer to when needed and all staff had been trained in safeguarding people. One staff member said, "My first priority is making sure the person is safe and then I would report it to the manager, CQC or the local authority safeguarding people." Another staff member told us, "I would not hesitate to take action if I suspected or saw any abuse of any kind taking place." Safeguarding issues had been dealt with appropriately.

Staff had a good understanding of how to protect people from the risk of harm and explained how they kept people safe and managed any risks. There were risk assessments together with management plans for all areas of risks such as for mobility, pressure area care and bed rails.

People and their relatives told us there were always sufficient numbers of staff on duty, including at weekends and at night. People said that staff were quick to respond when they needed help. One person said, "I don't use the bell often, but when I do I can hear them coming down the corridor as soon as I have rung it." Another person told us, "There is always someone around when I need them." A visiting relative told us, "There are always plenty of staff around. I am here most days, in fact this sometimes feels like my home, so I would notice if they were short staffed for any reason." Staff told us that there were always enough of them to meet people's needs. The staff duty rotas checked over a six week period confirmed that there was enough staff on duty to care for people safely. There was a robust recruitment process where all of the appropriate checks had been carried out before staff started work at the service. There were sufficient numbers of skilled and experienced staff to meet people's assessed needs.

People told us they received their medication correctly and that staff never rushed them. We carried out a random check of the medication system and observed a medication round. We found that the system was in good order with clearly completed records and we saw that medication was administered appropriately. For example staff did not rush people when administering their medication, they offered it in their preferred form and gave them a choice of drinks to suit their needs and preferences. Staff had received training, had regular updates to refresh their knowledge and had their competence to administer medication regularly assessed. There was a safe system in place for managing medication and people received their medication

as prescribed.

Is the service effective?

Our findings

People were cared for by staff who told us they felt supported and valued. Staff said, and the records confirmed that they had received regular supervision. One staff member said, "I love it here, both the work and the residents. I am well supported by the management who are very friendly, and they do listen and take notice." Another staff member told us, "I have worked here for years and feel fully supported. For example my shifts have been changed to accommodate personal situations and I have regular training and supervision. I am very happy here."

People told us that the staff were very knowledgeable. One person said, "All of the staff here are very nice and know what they have to do." Another person told us, "The staff are on the ball and do what they have to really well." A visiting professional said, "The staff are well trained and follow any instructions closely." Relatives agreed that staff were professional at all times and were 'obviously' well trained. Staff told us, and the records confirmed that they had received a wide range of training that was appropriate for their role, and that it had been regularly updated. They said they were encouraged and supported to achieve a qualification in care and the records showed that 32 of the service's 48 staff had either obtained or were working towards one. The last training audit showed that the service had achieved 100% of the training staff required. People were cared for by staff that had the knowledge and skills to care for them safely and effectively.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. Staff had been trained in MCA and DoLS and they demonstrated a good understanding of how to support people in making every day decisions. One staff member said, "People have the right to make decisions for themselves but if they are not able to do it, decisions have to be made in the person's best interests." Another staff member told us, "I have had MCA/DoLS training which was very good and explained the need for assessments where people were not able to make their own decisions." Appropriate DoLS applications had been made to the local authority and there were authorisations in place where needed.

People were encouraged and supported to have sufficient to eat and drink and to maintain a healthy balanced diet. People's lunchtime experience was pleasant. The tables were laid out nicely and we observed friendly banter between people living in the home and staff throughout the mealtime. People told us that the food was good. One person said, "The food is very nice." Another person told us, "I always get offered a choice and I can have different food if I want. They are very accommodating when it comes to the food." Some people chose to mix up their meals, for example one person chose to have mashed potato with their saveloy rather than chips. There were fresh vegetables available and people chose those they preferred. We saw that one person did not want the meal on offer but said they would like a Chinese meal. The staff catered for this by offering them a plate of chips to 'keep them going' until the Chinese shop opened later that afternoon.

The mealtime champion had also introduced food-tasting days from around the world to help people to recall the tastes and smells (memories) they had once enjoyed. We saw that during one recent mealtime consultation people had said they wanted their Friday lunchtime fish and chips at teatime instead and people now enjoyed their fish and chips supper at teatime. During another consultation, people had asked for cinnamon to put on top of their rice pudding. The service quickly arranged this.

Relatives had many comments about mealtimes which included, "Mealtimes are brilliant. I have seen a constant flow of people walking or in wheel chairs being shown, sometimes holding hands with a member of staff, to the dining room. People are offered a choice of an exact replica of the meals to help them to choose which one they wanted." And, "I had a meal with my relative, chicken casserole followed by apple crumble and custard...yummy. It was good wholesome comfort food, well cooked, delicious and plenty of it." Where people required support with their meal staff supported them in a sensitive and respectful way. We saw that staff encouraged people to eat by using good eye contact and gentle prompting and they were patient and did not rush people to eat their meal. The weight monitoring charts included more information and an action plan when needed to ensure that people had enough food and drink to keep them healthy.

People told us that staff helped them to keep healthy. They said they were supported to see a range of healthcare professionals such as the optician, dentist, specialist nurses and the doctor. One person said, "I get the healthcare I need. If I need to see a doctor or a nurse the staff arrange it for me quickly." Their visiting relative told us, "They [staff] get the doctor when needed and they always phone and let us know what is happening, then they phone again to let us know the outcome." Another person told us, "They [staff] make sure that I attend any appointments. The chiropodist cuts my toenails regularly." The records confirmed that people had regular healthcare visits and the outcome of the visit and any follow up actions had been recorded. People received appropriate healthcare that met their needs.

Is the service caring?

Our findings

People consistently told us how kind, caring and thoughtful staff were. Another person told us, "There's not a bad body [staff] here. All of them [staff] are lovely." Relatives were positive about how caring the service was. For example they told us that all the staff were 'lovely' and how well they cared for their relatives. They said that their relatives were always well groomed which helped their self-esteem. We also saw very positive comments from people in the service's compliment book. They included, "Although we see you often, it is necessary for us to write to you and convey our particular thanks and appreciation for the outstanding care that you [registered manager] and your staff have and continue to provide for [person's name]."

All the care provided to people was centred on them and their personal needs and choices. Staff knew the people they cared for very well and the care files contained good information about people's likes, dislikes and preferences. This enabled staff to care for people in a way that they preferred. People's requests for drinks, personal care support, meal times, medication support, all was done with ease and kindness. Staff responded to people's needs without delay and without fail managed to give them what they needed whilst putting a smile on their faces. Every functional interaction was used as an opportunity to engage people by chatting to them and making them feel like an individual.

The service put people at the heart of what they do by continually striving to develop their approach to ensure that people received kind and compassionate care. For example having a champion (a staff member who has advanced training) for dementia ensured that people received more specialist care, which was appropriate to their individual needs and improved their quality of life.

People living with dementia who were not able to express themselves fully were kept fully involved with additional support from staff where necessary. For example one person was seen to be rather upset so a member of staff spoke gently encouraging them to join in with the card game and the person's mood improved. The dementia champion had provided staff with the information they needed to help them engage people living with various degrees of dementia in regular activities. They had developed visual cards with pictures showing people simple tasks like washing and dressing and they used objects of reference that meant something to the individual to aid their understanding. This helped people living with dementia to recognise things and to make appropriate choices. The dementia champion had also liaised with local schools and colleges and invited 12 students to a dementia training session recently. The training would help students interested in a career in care to understand the needs of people living with dementia. Should they decide to work in care they would be better equipped to support people to live a more fulfilling life.

Throughout the inspection we observed positive interaction between people and staff. It was evident that there was a positive culture whereby people were valued and that staff were encouraged to spend time interacting and engaging with people in the home. We saw that people were relaxed and happy with staff and interaction between them was polite, courteous and clear. We saw that staff knelt down next to people so that they had face to face contact with them when communicating, touching their hand or arm lightly. Staff often repeated what they had said kindly and also changed their approach by changing the wording until people were able to understand them and could make an informed choice. People told us

they were never rushed when staff supported them. One person said, "The staff are very kind. They treat me very well and are always nice to me."

The service tried to find ways in all circumstances to support people to communicate effectively. For example, a person whose first language was not English made an enquiry about using the service and to ensure that they could communicate with the person the service learnt some key words in their first language to enable them to engage with the staff and giving them an opportunity to make an informed choice about the service and living there. People told us that they were supported to practice their faith. The service provided monthly church services and a local Vicar regularly visited to give people holy communion.

People were supported to maintain their independence as much as they were able to. People told us that they decided what they wanted to do and when they wanted to do it. They chose when to get up and when to go to bed. One person said, "I go to bed and get up when I want to. If I want an early night then I just go to bed. I can always get assistance if I need it." People told us that staff supported them to get around the service and that they trusted the staff and that they helped them only when they needed it. For example one person who had been very poorly and unable to walk now walks very quickly around the service using a walking frame. Other people said their independence had improved since moving to Kathryn Court. The registered manager told us that some people managed their own finances giving them greater independence about how they spent their money. One person said they went to the betting shop and another person told us they went shopping to buy some wool so they could carry on knitting. Another person visits the local shops to buy their newspaper every day. This meant that people were encouraged and supported to maintain their independence that enhanced their well-being and improved their quality of life.

People and their relatives were actively involved in making decisions about their care and support. Although regular meetings were held, the service was very pro-active in dealing with issues as they arose. For example there were transport issues where the ambulance service told the registered manager that people could no longer have an escort to accompany them to hospital. The registered manager liaised with the ambulance service and it has been agreed that people living with dementia can now have an escort where necessary. This meant that people were supported by the service to attend appointments making them feel more at ease by being with people they knew. Another example of the service consulting and involving people using innovative and creative ways was the adaptation of the provider's mealtime consultation document. As a result of talking with people and their relatives the service had adapted the document to make it dementia friendly and in more depth. It was adapted to include smiley and sad faces that helped people make their choice more easily. This meant that it was easier for people with limited communication to understand as the pictures helped them to identify and make informed choices to ensure that their nutritional needs and expectations were met.

People told us that their visitors were made welcome at any time. One person said, "My relatives come to visit me when they can, they are always made welcome by the staff." Other people said that the service was 'always a cheerful and comfortable place to visit – clean, well maintained and staffed by sociable, caring and considerate staff'. They said staff were always smiling and their attitude was that 'nothing was too much trouble'. One visiting relative told us, "I feel that Kathryn Court is as close to living in your own home as is possible to achieve in a care home."

Where people did not have family members to support them to have a voice, they had access to advocacy services. Some people found the use of independent advocates very helpful in relation to their finances and others in helping them to acquire equipment or aids. For example, an advocate had supported one partially sighted person to keep their independence. The person had a small talking clock that they carried with them

enabling them to plan their own day in relation to mealtimes and family visits. They had also supported them to access large print newspapers and talking books. This improved the person's self-esteem and enhanced their well-being. There were advocacy details prominently displayed around the service on noticeboards and in the entrance hall. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People experienced very good, kind and compassionate care at the end of their lives. There were end of life care plans and Preferred Priorities for Care (PPC) documents in place. The PPC helps people to think about, talk about and write down their wishes and preferences for their end of life care. Staff provided relatives with a bereavement pack to help and support them through the grieving process. The bereavement pack contained excellent information about what to do, who to contact and how to make special arrangements and observe people's religious rites. It included comforting verses, poems and scriptures to help people come to terms with their loss. There was also a further reading list of literature such as for the Nursing Times Death with Dignity and Coping with Death and Best Practice Guidelines for Religious Beliefs and Customs. Towards people's end of life, staff would go through the pack with relatives and explain anything they were not sure of. We saw many compliments about how the service dealt with end of life care. One person wrote in a letter, 'My relative spent six days in hospital which was not a pleasant experience for them and they desperately wanted to leave. They knew they were going to die and wanted to be back home [Kathryn Court] with their familiar family photographs around them and staff that they trusted. They were extremely content living at Kathryn Court and I would like to thank [registered manager's name] and all of their staff for all the help and support they gave to ALL of my family.'

Is the service responsive?

Our findings

People's needs had been fully assessed and their care plans had been developed from the assessment process. People told us that they and their relatives had been fully involved in their assessment and in devising their care plans. One person said, "I told them [staff] what I needed and they wrote it all into my care plan so that staff knew how to care for me." Visiting relatives told us that they had been kept fully involved in their loved one's care throughout their stay in Kathryn Court. One relative said, "This service is very good at responding to my relative's needs. They [staff] are warm and friendly and work hard to make sure my relative's needs are met."

Staff told us that the care plans gave them clear instructions about how to care for people safely. The care plans described people's likes and dislikes and included information about people's backgrounds such as their work and family life. There was detailed information about risks to people's health and welfare and staff knew how to manage any risks. One staff member told us, "The care plans provide good information that helps me to provide people with great care that meets their needs." We observed very good staff practice and interaction throughout our visit and it was clear that staff knew people well. Staff were responsive to people's requests for support and provided it with a cheerful attitude and a smile.

People had the opportunity to participate in a range of activities that suited their individual needs and preferences. For example some people liked to access the local community whilst others preferred indoor activities. One person said, "There's something to do on most days. We have trips out and we're going to the Cliffs Pavilion in Southend for afternoon tea, which I'm really looking forward to." We observed other people playing an interesting game of cards during our visit. The session was being run by a member of staff and the five people playing all seemed to be having fun. Others in the room were sitting and chatting with each other and listening and watching the card game.

Relatives were very complimentary about the activities and responsiveness of the service. Their comments included, "My relative was completely relaxed and contented - a lot of the time they acted as if they thought they were in a hotel on holiday." And, "Staff made every effort in respect of my relative's relationship and helped them celebrate anniversaries, Valentine's Day and Christmas together as a married couple." Other family members described Kathryn Court as a 'home from home' where staff greeted people on return from home visits by 'meeting them at the car and welcoming them like an old friend'. They described staff as very professional, loving, caring and capable. We observed excellent staff interaction throughout our visits and staff engaged people in the activities of their choosing. For example the service had a bout of illness at Christmas and people were not feeling up to the usual party atmosphere. The registered manager asked people if there was anything else they would like to do and people agreed they would like a hand pet. Rabbits and guinea pigs had been discussed with people and their relatives and they chose guinea pigs. The registered manager and people using the service and a relative chose the two guinea pigs and the relative cleans them out every week. We saw just how effective one of the guinea pigs was during our visit. A person was quite distressed and the registered manager asked if they wanted to pet one of the guinea pigs, which they eagerly agreed to. We saw that they seemed much calmer when the pet arrived and sat there stroking and petting it.

People were confident that their concerns would be listened to and acted upon swiftly. They consistently told us that the service kept them informed and that they could talk to any of the staff if they had any concerns. One person said, "Their [management] door is always open, and they're always welcoming and friendly." Another person told us, "I don't have any complaints but know that if I did they would be sorted out quickly for me." Relatives said they had nothing but praise for the service and a visiting professional described the service as 'fantastic'. There was a good clear complaints procedure in place and the records showed that concerns had been fully investigated and responded to in a timely manner to the complainant's satisfaction. The registered manager constantly monitored complaints and compliments looking for trends and themes to enable them to improve service delivery where necessary.

Is the service well-led?

Our findings

The service had a registered manager in post who was very pro-active and hands on. For example they had supported a person towards their end of life to ensure that their dignity was maintained until the very end. We saw that a relative had written to the provider thanking them for the care and support their relative had received. They stated, "My family and I wish to express our sincere thanks to your wonderful manager at Kathryn Court."

There were clear whistle blowing, safeguarding and complaints procedures in place and staff were confident of when and how to implement them. Without exception all of the staff we spoke with told us that the registered manager was supportive and that they were happy to be working in the service. They said that they had regular supervisions and appraisals and saw the registered manager every day. One staff member said, "The registered manager is so very approachable and supports us when we need it. For example she will change my shift when needed to accommodate occasional personal situations." Another staff member told us, "It's a great place to work. I am very happy here. I am one of the champions." The champion's board showed the names of the eight staff that had been given the responsibility for championing and promoting issues such as dementia, dignity, continence, wounds, falls and frailty, medication, meals and health and well-being. Each of the eight champions had advanced training which they used to progress other staff's knowledge. They also liaised with other health and social care professionals to ensure they have the right up to date information to share with other staff. As a result of sharing their knowledge the dementia champion said that staff were more vigilant and monitored people more closely to ensure that they maintained a good fluid intake. This has meant that there have been fewer urinary tract infections as people were encouraged and supported to drink plenty of fluids. The medication champion instigated regular audits of the medication system and had put into practice daily tablet counts which ensured that medication errors did not occur. Openly assigning specific responsibilities to staff members is a sign of supportive and confident management.

The registered manager demonstrated strong leadership and promoted a positive person-centred culture. Staff shared their vision to provide people with exceptionally high quality person-centred care. There was an open and inclusive culture where people, their relatives and staff could freely raise issues with the registered manager in the knowledge that they would be dealt with effectively and efficiently. All of the relatives we spoke with were positive about the service and we saw many positive written comments about the registered manager and the high quality standard of care provided at Kathryn Court. Staff photographs, including the home's dog Scruffy, were displayed in the hallway for all to see. Relatives told us staff wore badges which also helped identify them and their role. All of the relatives we spoke with without exception said that the quality of care was 'excellent' and that they could not think of any areas that needed improvement. One relative said, "My relative moved from another home because they fell below the standards we expected. I can only say this home [Kathryn Court] is marvellous and my relative is now cared for by an excellent manager and staff team." Another relative told us, "It was a very fortunate day when we walked into Kathryn Court. My relative had not wanted to go into a home so it had to be very special for them to be happy there. I was so excited when my relative was offered a room and it has certainly proved to be a home from home for them."

People told us about their links in the local community. Three people went out to the bingo hall, as it was something they enjoyed doing prior to moving into the home. Other people had been to a bowls club, a local social club and two people enjoyed swimming. The registered manager told us that some people had postal votes but that there were four people staff supported to vote at their local polling station. People also said they attended local fayres and events and that they had access to a mobile library. This provided people with very good community links and made them feel they were part of the wider community.

There was an effective quality assurance system in place. The registered manager and staff had ensured continual improvements enhanced people's quality of life. For example by introducing the drinks station, the risk of falls and urinary tract infections (UTI) had reduced as people had continual access to drinks. People's views and opinions were sought on a regular basis and checks and audits had been carried out to ensure that the service continued to provide high quality care and support. Where issues were identified through the quality checks and people's feedback swift action had been taken to make the necessary improvements. For example as a result of talking to people and asking for their opinions improvements such as new furnishings and flooring, garden furniture and beds that lower to the floor were purchased.

The service's bereavement folder provided information for people at a difficult time. The home's administrator had reviewed it after feedback from people who used the service and their relatives and included information such as verses and photographs that people had suggested. It included local information such as for CRUISE (Confidential Befriending/Bereavement support for adults and children) Age UK and the contact telephone numbers of local funeral directors. There was also information about the support available for people from other cultures such as Islamic, Hinduism, Sikhism, Judaism and Buddhist. People told us that the information about local services and organisations would help deal with their loss.

People said they were actively involved in making decisions about how to improve the service. Regular meetings had been held where a range of issues were discussed. People told us, and the records confirmed that they had discussed meals, activities and outings, and the staff interview committee. The staff interview committee was set up so that people using the service could be involved in choosing new staff. The committee consists of people who wish to participate and have the capacity to make decisions about the staff being recruited to care for them. The records showed that one person who had participated in a recruitment panel had shared their life history with the candidate. This meant that the panel could assess the candidate's knowledge, interaction, attitude and recording skills. People were very excited about being involved in choosing staff that were suitable to care for them.

The last quality monitoring report undertaken by the Local Authority showed that a score of 93.9% had been achieved which evidenced that people received an extremely good service. Our inspections showed that the service had been consistently compliant over the past five years and continued to develop and improve. The registered manager told us about their plans to make the front garden a sensory garden and a local company had donated a water feature. They said that there will be sweet smelling flowers and plants and a seating area so that people can enjoy the sensory experience. The service encourages feedback from others and has been rated number one in the East of England Care Homes UK top 20 Care Home Awards 2017. The awards highlight the most recommended Care Homes in each region of the UK. They are based on over 55,000 reviews & recommendations received from people, their families and friends in the past 12 months. The service had received 26 reviews and all 26 of them were scored excellent and all 26 reviews stated that they were extremely likely to recommend Kathryn Court to others. The service has been consistently rated in the top 10 of this award in the last three years and is currently number eight in the whole of England.

Staff had good communication with each other as handovers took place at each shift. There was a whiteboard to remind staff of health appointments, daily deployment sheets and a communication book in

place to ensure that all staff had up to date information to help them care for people safely. This showed that there was good teamwork between staff and that they quickly knew about any changes to people's care and support needs. Regular staff meetings had taken place where a range of issues such as safeguarding people, medication and care practices had been discussed. Staff told us that the registered manager allowed them to have open discussions with them at meetings and at any other time. They also said that they were fully involved in how the service was run.

People's personal records were safely stored and locked away when not in use but were accessible to staff, when needed. The registered manager had access to up to date information on the service's computer system and shared this with staff to ensure that they had the knowledge to keep people safe and provide a high quality service.