

Mrs Patricia Beaumont

High Lee Care Home

Inspection report

High Lee Barn
Sowerby Lane, Luddendenfoot
Halifax
West Yorkshire
HX2 6LB

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Ratings

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

Summary of findings

Overall summary

We inspected High Lee Care Home on 19 January 2017 and the visit was unannounced. Our last inspection took place on 2 June 2015 and at that time the service was meeting the regulations we looked at.

High Lee Care Home is a 17 bed service and is registered to provide accommodation and personal care for older people. Nursing care is not provided. The accommodation is arranged over two floors linked by a stair lift. There are 14 single bedrooms and one double bedroom all of the bedrooms have en-suite toilet facilities and one also has a shower. There is a communal lounges and a dining room for people to use on the ground floor. The home is located in Luddedenfoot, Halifax.

On the day of the inspection there were 13 people using the service. One person had moved out on the day of our visit.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found staff were being recruited safely and there were enough care workers to take care of people and to keep the home clean. Staff were receiving appropriate training and they told us the training was good. Staff told us they felt supported by the registered manager and care supervisor and were receiving formal supervision and appraisals where they could discuss their on-going development needs.

The service was exceptionally caring. People who used the service and their relatives told us staff were helpful, kind, attentive and caring. We saw people were treated with respect and compassion. They also told us they felt safe with the care they were provided with. We found there were appropriate systems in place to protect people from risk of harm.

Staff knew about people's dietary needs and preferences. Meals looked appetising and any particular requests from people had been incorporated into the menu. We also saw there were plenty of drinks available and a 'Sweet Shop' and 'Fruit Stand' in the dining room where people could help themselves to anything they wanted.

Care plans were up to date and detailed exactly what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. People who used the service and relatives told us they were very happy with the care and support being provided. We saw people looked well-groomed and well cared for.

People's healthcare needs were being met and medicines were being managed safely.

We saw people who used the service were being provided with a highly individualised service. Staff knew

about people's lives and interests and used this information to engage with people and provide relevant activities. The registered manager was using innovative ways to get people who used the service to engage in activities and with the environment.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS). Staff had an excellent understanding of the Mental Capacity Act and DoLS and were ensuring people's human rights were being upheld.

Visitors said they were made to feel welcome and were kept fully informed about their relatives well-being.

There was a complaints procedure in place. The registered manager dealt with any concerns or complaints in line with their complaints procedure. They viewed this system as a positive way of making improvements to the overall service and to get things right for each individual.

We saw there were excellent systems in place to monitor the quality of the service. When areas for improvement had been identified action had been taken to address those shortfalls.

People who used the service were asked for their views and were able to influence the way the service was managed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were being recruited safely and there were enough staff to support people and to meet their needs.

Staff understood how to keep people safe and understood how to identify and manage risks to people's health and safety. The premises were clean and well maintained.

People's medicines were handled and managed safely.

Is the service effective?

Good ●

The service was effective.

Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs.

Meals at the home were good, offering choice and variety. The meal time experience was a calm and relaxed experience for people.

People were supported to access health care services to meet their individual needs.

Staff had an excellent understanding of the Mental Capacity Act and The Deprivation of Liberty Safeguards (DoLS) and ensured people's human rights were upheld.

Is the service caring?

Good ●

The service was caring.

People using the services told us they liked the staff and found them attentive and kind. We saw staff treated people with kindness, patience and compassion.

The dedication of staff ensure people received the best possible care and support.

People looked well cared for and their privacy and dignity was respected and maintained.

Is the service responsive?

Good ●

The service was responsive.

People's care records were easy to follow, up to date and being reviewed every month.

Staff knew about people's lives and experiences and used this knowledge to provide stimulating and innovative activities.

A complaints procedure was in place and any complaints or concerns had been dealt with in line with the provider's complaints procedures. The registered manager saw this process as a way of further improving the service .

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post who provided leadership and direction to the staff team and who had effected many positive changes in the service.

Quality assurance systems were in place which were effective in making further improvements to the service.

The views of people using the service were sought and valued. They were listened to and action was taken to make sure their preferences were met.

High Lee Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 19 January 2017. The inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams. We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

We looked at bedrooms, bathrooms and communal areas. We also spent time looking at records, which included two people's care records, two staff recruitment records and records relating to the management of the service.

We spoke with nine people who lived at High Lee Care Home, three relatives, one senior care worker, three care workers, the care supervisor and registered manager.

Is the service safe?

Our findings

We asked people who used the service if they thought there were enough staff on duty to support them. They told us they never had to wait for care workers to attend to their needs.

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The registered manager told us they used a dependency tool in order to ensure there were enough staff to care for people safely. We saw from the duty rota there was sufficient staff to meet the needs of people who used the service. A senior care worker was on each shift, both on day and night, who was suitable qualified and experienced to take charge of the service. During the week the care supervisor and registered manager worked in addition to these numbers. Care workers also took responsibility for cooking and cleaning. The registered manager explained the housekeeper they had employed was not currently working and because of the reduced number of people who used the service care workers were able to do the cleaning as well.

Safe staff recruitment procedures were in place. These included ensuring prospective staff completed an application form which detailed their employment history and qualifications. Checks on staff character to ensure they were suitable to work in a caring role were completed. These included obtaining a Disclosure and Barring Service (DBS) check, obtaining references and ensuring an interview was held. The interview also provided the opportunity for the registered manager to explore any gaps in employment. This meant checks were being made to make sure staff were suitable and safe to work with the people who lived at High Lee Care Home.

People who used the service told us they felt safe at High Lee Care Home. One person told us there was 'Nothing' they did not like about living there. A visitor told us, "I have no worries about Mum living here she is safe and happy."

We saw there was a safeguarding policy and procedure in place and saw from the training matrix care workers had completed safeguarding training. We spoke with three care workers about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. They all told us they would not hesitate to report any concerns to the registered manager, Care Quality Commission or the safeguarding team. This meant staff understood how to keep people safe.

In order to ensure anyone was able to report any allegations of abuse the registered manager had made a public survey form available on the services website, where people could complete an 'Allegation of Abuse' form in order to report any concerns. This form was easily accessible and could be completed from any smart phone.

The accommodation at High Lee Care Home was arranged over two floors, which were accessed by stair lifts. There was a lounge, dining room, fourteen single and one double bedroom. All of the bedrooms had en-suite toilet facilities and one also had a shower. We found the home was well maintained, clean and tidy.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems.

We saw at the last food standards agency inspection of the kitchen they had awarded the service 5 stars for hygiene. This is the highest award that can be made. This showed us effective systems were in place to ensure food was being prepared and stored safely.

Care records, for people who used the service contained identified areas of risk. Risk assessments were in place which covered, for example, moving and handling, nutrition and tissue viability. We saw where risks had been identified; action had been taken to mitigate those risks. For example, one person had been assessed as being at risk of skin damage. We saw they had a specialist mattress in place and were being repositioned every two hours. The management of this risk had been effective as there had been no deterioration of their tissue viability.

We saw information about each person who used the service was available should they need to go to hospital. This included contact telephone numbers for relatives, healthcare professionals, the care home, medical history and any allergies. The registered manager told us they had received positive feedback from the hospital and paramedics about this. We also saw Personal Emergency Evacuation Plans (PEEPs) were up to date and available in a central file, in care files and in people's bedrooms. This meant in an emergency staff knew what to do to keep people safe.

Medicines were managed safely. We found medicines were stored securely. The temperatures of the storage area and fridge were monitored to make sure medicines were stored at the recommended temperatures.

All senior care workers who administered medicines had received training and competency checks had been made to make sure they followed the correct procedures.

We saw the senior care worker who was responsible for administering medicines checked the medicines to be given against the medication administration record. (MAR). This ensured the correct medicines were being given at the right time. Once the persons' medicines had been prepared they were taken to the individual, together with a drink. The senior care worker then stayed with the person until the medicines had been taken. We saw people being supported to do this in a kind and patient way. The senior care worker then signed the MAR to confirm the medicines had been given and taken.

We saw there was a system in place to keep a check on how much medication was being held at any given time. We checked the stocks of five medicines and found them all to be correct.

Some prescription medicines contain drugs controlled under the misuse of drugs legislation. These medicines are called controlled drugs. We inspected the contents of the controlled drugs cabinet and found stocks tallied with those in the controlled drug register.

We saw protocols were in place for any 'as required' medicines which provided guidance for staff about the circumstances in which these medicines should be administered.

The senior care worker who checked the medicines with us was extremely knowledgeable about the medicines being administered and the system which was in place. For example, when we were checking the amounts of one controlled drug they told us when they did the stock check they not only counted the ampoules they also checked the expiry date to make sure the controlled drug was still in date.

Is the service effective?

Our findings

We saw the registered manager maintained a training matrix which identified training care workers had done and courses they needed to complete. This enabled them to ensure training was kept up to date. Some face to face training was on offer and some was done via 'Social Care TV.' Care workers also had the opportunity to undertake further qualifications in, for example, palliative care, administration of medication and dementia care. Care workers told us training opportunities were good and confirmed they received supervision and appraisals. The registered manager had also introduced 'reflective logs' which care workers completed after each training course. This helped to consolidate their learning and gave them opportunity to identify any further training they required.

We saw one to one supervisions and observational supervisions were completed every three months and appraisals annually. Staff told us they worked well as a team and felt supported by the registered manager and care supervisor.

The registered manager and care supervisor were also keeping a record of good and outstanding practices care workers had displayed, in order to build their portfolio and to recognise when staff had gone 'above and beyond.'

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The care supervisor and registered manager had been selected by the local authority to attend MCA and DoLS training so they could become 'Champions.' They attended a course which ran over 12 weeks for two and a half hours every fortnight. It was very clear from speaking with them they had a thorough knowledge of this legislation and were using this to protect people's human rights. For example, one person had been admitted to the service for respite care and their family wanted to extend their stay. This person did not want to be at High Lee Care Home and it was causing them distress being there. The best interest process was used involving all relevant parties and an advocate and the outcome was the person returned home. We also saw the care supervisor had challenged a healthcare professional regarding a medicine which had been prescribed. The outcome of the challenge showed the care supervisor had been right to make the challenge and the medicine had not been prescribed.

We saw the notice board in the office had a display of information about MCA and DoLS for staff to refer to. Care workers had or were in the process of completing training and we saw issues about capacity had been

discussed at staff meetings. This showed us staff understood the legislation and were acting within the law.

We heard care workers ask people who used the service for their permission before any interventions were made. Care workers always told people what was happening and took the time to explain things clearly and repeatedly, where necessary, to reassure them.

We saw a two week cycle of menus in place and we saw people's preferences had been incorporated into the menu. There was a set meal at lunchtime, however, care workers were aware of people's individual preferences and made alternatives when they knew people did not like the main meal. For example, on the day of inspection Chicken Kiev's were on the menu, care workers were aware one person did not like these so had prepared an alternative.

At lunchtime we saw food looked well prepared and appetising. The cooking is done by care workers on a rota basis and there was a good choice. A menu was displayed on the wall and said that alternatives were available if people didn't like what was on offer. Drinks were regularly offered and people had the choice of eating in their bedrooms dining room or the lounge.

During lunch we saw care workers interacted well with people and the atmosphere was nice and friendly.

There was a well-stocked 'Sweet shop' in the dining room where people could go and help themselves to anything they fancied. We saw one person enjoying some chocolate eclairs after lunch. There was also a 'Fruit stand' where again people could have whatever they wanted or care workers would make 'smoothies' with the fruit.

People's nutritional needs were well managed and people's weights were monitored closely.

People who were at risk of becoming dehydrated had a picture of a water jug placed on their bedroom door. This was to alert staff to this risk. We saw this was effective in raising awareness as staff we spoke with were able to clearly describe who was at risk and the action that was taken to mitigate this risk. We reviewed food and fluid charts for one person who was nutritionally at risk. We saw these charts were well completed and showed the person was offered a range of meals, snacks and nourishing drinks to help reduce this risk. Where people had experienced weight loss, appropriate referrals had taken place to their GP for further investigation.

We saw one person had been prescribed food supplements and had put on weight. When they had reached their optimum weight care workers had worked with them to reduce the food supplements as their appetite had increased and they did not want to put on any more weight. The supplements had been reduced to a level so their optimum weight had been maintained.

In the two care records we looked at we saw people had been seen by a range of health care professionals, including GPs, community matrons, district nurses, dieticians, opticians and podiatrists. We concluded people's health care needs were being met

Is the service caring?

Our findings

We asked people using the service if they liked the staff. One person told us, "I am well looked after and the staff are kind." One relative told us, "The staff are lovely, friendly, personable, attentive and have a genuine caring nature." Another relative told us they believed there was, "Respect both ways" between staff and people who used the service.

We saw, without exception, care workers were very caring. They took time to acknowledge people who used the service each time they passed and always stopped if the person wanted them to, even if it was just to explain briefly that they were completing a task and would be back soon. When people were sitting in a chair care workers lowered themselves to make good eye contact and often held their hand as they spoke to them.

The registered manager had started to keep a log of, what they felt demonstrated outstanding practice from care workers and we saw the following example: "(Name of senior care worker) stayed at the hospital even though the relative was there to make sure the service user was seen. The service user lacked capacity and (Name) wanted to make sure the hospital staff knew everything they needed to. This was after a 12 hour shift because they wanted to ensure the service user had consistent care."

One person smoked roll up cigarettes but was unable to make them so a care worker did this for them. At one point this person became distressed while waiting for lunch and kept trying to get out of their chair. One of the care workers went to their bedroom and brought their harmonica, which they were encouraged to play. They relaxed and played several tunes, care workers who passed by complimented them on their playing. The senior care worker even stopped to dance and encouraged them to play "Waltzing Matilda" to remind them of their visits to Australia.

One person who used the service explained they preferred to stay in their bedroom most of the time. They said that they did not feel isolated and that plenty of staff called in to see them. They told us they were a great dog lover and told us all about the dogs they used to have. They told us a very positive feature of living at High Lee Care Home was their relative visited every day and was able to bring their dog as well. This means a great deal to the person as they really missed having a dog of her own.

People were clean, well-groomed and comfortably dressed which showed staff took time to assist people with their personal care needs when required. One visitor commented, "I have never seen Mum looking so clean and tidy."

We saw people's bedrooms were neat and tidy and personal effects such as photographs and ornaments were on display and had been looked after. This showed us staff respected people's property.

The personalities and wishes of people who used the service were paramount at High Lee Care Home. For example, on people's bedroom doors there was their name and a picture which was personal to them. For example, one person's ancestor had fought with William the Conqueror. When they returned to England the

King gave them land and their own family crest. This crest was on their bedroom door, which they were very proud of and reminded staff that it was theirs. The registered manager told us one person had a map of Australia on their door, as they had been led to believe that was where they had been born. However, they said it had provided much amusement with the person using the service when they discovered they had not been born there at all. The person chose to keep the map because it was more exotic than their actual birth place.

Care workers understood and knew how important it was to know about people's life histories and experiences so they could use these to provide person centred care. One care worker said, "I love to know all about the residents and love looking at photographs with them."

Care workers understood person centred care and how the 'little things' were important to people. For example, they told us about one person who had used the service who always had their tea served in a bone china cup and saucer.

We saw care workers encouraged people who used the service to be as independent as possible. At lunchtime we saw one person was having difficulty managing their cutlery so one of the care workers helped by getting them a spoon and sitting with them to load it, but the person was encouraged to eat independently.

One person who used the service was encouraged to play their harmonica but they were having some difficulties taking it out of the box. A care worker loosened the lid but encouraged the person to open it themselves and take the harmonica out.

One relative told us, "I am always made to feel welcome and offered a drink." We saw care workers greet another relative by name when they arrived and offered them a drink and a vase for the flowers they had brought. One of the care workers told us they wanted visitors to feel welcome by giving them drinks and listening to them to find out all of the little things about their relative.

Is the service responsive?

Our findings

We asked one relative how they had chosen High Lee Care Home and they told us it had been recommended by a district nurse. They had visited the home themselves and liked the staff and the welcome they had received.

A married couple had moved into the service and had occupied two single rooms; however, they wanted a bedroom together. There had been an upstairs lounge, which had been used infrequently. This room had been converted into a bed/sitting room. Patio doors had also been installed so in nice weather they would have direct access to outside.

The registered manager and care supervisor told us one person had been seen by their GP and was not expected to live through the night. Care workers confirmed they had spent time with this person, ensuring they were offered fluids to keep them hydrated. The person was experiencing swallowing difficulties so they got the speech and language therapy team involved and following their advice began thickening the fluids. The care supervisor said at times it would take nearly an hour for the person to take 100mls of fluid. Gradually food and fluids were increased and over a period of months the person improved. When we visited they spoke with us, was walking around and was looking well. We considered this to be an excellent example of patient and dedicated care which had resulted in, not only an improvement in health but a full recovery.

A visitor told us when their relative had moved into the home it was for palliative care and they were not expected to live very long and that had been over a year ago. They said care workers were very good at keeping them informed about any GP visits or visits by any other healthcare professionals.

People who used the service told us they felt that they were involved in their own care. We looked at two care files and found care plans were detailed and up to date. Care records demonstrated that people's needs were assessed and clear person centred plans of care put in place for staff to follow. These covered areas of care including mobility, skin integrity, nutrition and continence. We reviewed daily records of care, observational charts, spoke with staff and observed care. Our findings provided assurance people were receiving appropriate care in line with their plans of care.

During the inspection the care supervisor took a telephone call from a contractor who needed to visit to service one of the beds. We heard them discussing with the registered manager bringing in extra staff the following day as a care worker would need to sit with the person whilst the service was taking place to keep them safe.

We spoke to one relative who told us they would be able to raise any concerns, niggles or complaints with any of the staff. Another relative told us they would know exactly how to raise any concerns and there was always someone available to talk to.

There was a complaints procedure in place and any concerns which had been raised had been dealt with.

For example, the registered manager had sent a 'Quick satisfaction survey' out to relatives in November 2016. Where relatives had raised any issues these had been dealt with, using the complaints procedure and responded to individually telling them what action would be taken.

We saw one relative had raised concerns about a missing 'wheat bag.' Not only had this been replaced, the registered manager had bought everyone at the home a lavender wheat bag.

This showed us the registered manager took the comments seriously and saw any concerns or complaints as a way to bring about further improvements to the service.

We found the registered manager had been creative in providing people living with dementia with activities and stimulation. One visitor told us, "The staff try really hard to provide my relative with some stimulation. They give them tactile things to hold and play CD's of birdsong."

Three 'Joy for all' cats had been purchased. These life like cats, when stroked, purred, meowed and moved their heads. The cats had their own beds, combs and were treated as 'real pets' by the staff. We saw one person who was in bed, had one of these cats on their bed, they clearly got a lot of pleasure from stroking the pet and were smiling and talking to it.

There were sensory plants in the foyer and lounge which had different smells and textures. In the lounge a DVD of a real fire was playing on a screen in the fire place. One person who had always sat somewhere else in the lounge, clearly found this attractive and we saw them sitting next to the 'fire.'

A 'nail bar' had also been set up in the foyer, so care workers could sit with people on an individual basis and paint their nails. When the hairdresser had been unable to visit staff had set up a mini salon to make sure people had their hair done and looked at their best.

The registered manager told us they booked entertainment to come into the home approximately once a month. These included a guitarist, Hi Di Hi Show and a singer. A visitor to the home had introduced the registered manager to a keyboard player, who was socially isolated in the community. They had been to the home to play, which they and the people using the service had thoroughly enjoyed. Arrangements had been made for them to return.

Themed events were also organised, for example, a 1940's afternoon had taken place. Singers had been booked and the day before the hairdresser had styled people's hair as they would have worn it in that era. The photographs evidenced people's enjoyment. One care worker told us one of the people who used the service did not communicate with staff but they had seen their lips moving to the songs.

The registered manager told us one person who used the service had a long association with the local 'Rush bearing' festival. Their friends had wanted to do something special for them and had brought a group of Morris dancers to the home, who performed traditional dances outside for them and other people who used the service. They also presented the person with an award and had afternoon tea at the home. Again the photographs evidenced people smiling and enjoying themselves.

The registered manager was building links with the local community. The local history society had made arrangements to visit the home. They wanted to talk to people about their life experiences and history relating to the local area. Links had also been made with the local primary school and the registered manager was hoping to do some integration work with them.

The registered manager uses social media as a means of privately sharing photographs with families. One family live in America and were very appreciative of this and had commented that it was lovely to see their relative smiling and happy.

Another person had family in Australia. When they had received a letter a care worker had read it to them and then got a pen and paper and got the person who used the service to dictate a reply.

During the afternoon of our visit four people were involved in a music and movement session. One person was dancing, whilst others had 'shakers' which encouraged them to move their arms.

Is the service well-led?

Our findings

When we inspected the service in October 2014 we found there were no effective quality audits in place and the overall governance of the service had been inadequate. When we returned in June 2015 we found systems had been put in place, but felt these needed to be embedded and sustained over time. On this inspection we found the registered manager and care supervisor have designed and reviewed the quality audit tools and were using these extremely successfully to monitor and improve the service.

We found the registered manager and care supervisor were very excited to show us all of the improvements they had implemented. It was very clear from speaking with them when they had attended external training they had used their learning to improve practices at the home. They were both Mental Capacity Act, Deprivation of Liberty Safeguards and infection prevention champions.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This document was very well completed and showed us the registered manager was continually looking at ways to improve the service.

We asked relatives about the management of the service. One person told us, "There is a good chain of command." Another person said, "I know all of the staff and senior managers are very visible. Although things seem friendly and relaxed it is well run and I am kept in the loop at all times." A third person said, "Staff and managers run things very well."

We asked care workers about the leadership of the home. One person told us, "[Names of registered manager and care supervisor] are nice people and so supportive and thoughtful. We work well as a team and it's nice to feel appreciated." Another person told us, "[Names of registered manager and care supervisor] are lovely and deal with anything. If we have any issues about service users we can go to them and ask."

We asked care workers if they would recommend High Lee Care Home. One person told us, "Yes I would recommend it as I know people would be really, really well looked after." Another person told us they would recommend it both as a place to live and work.

We found there was a very friendly, open and honest culture in the home. The registered manager told us they had an open door policy and promoted a 'hands up' philosophy. The 'hands up' initiative is to enable staff to admit when they are in the wrong and take accountability for their actions.

The registered manager and staff organised events to raise money for the Alzheimer's Society and £350 was raised. They also went to Hebden Bridge to promote the home, raise awareness about dementia and to promote 'dementia friends.' They told us a lot of people had engaged with them and had asked a lot of questions.

The registered manager and care supervisor had developed the quality assurance system and we found these were working extremely well. Medicines audits were highly effective and we found the management of medicines very safe.

The environmental audits were very detailed and included important checks like ensuring people's clocks were working, to assist in people's orientation. If any issues were found with the cleanliness or maintenance these were reported on the domestic communication sheet or in the maintenance book and then signed off once completed. These checks ensure the home was kept clean, tidy and well maintained.

The registered manager completed weight audits in order to identify any trends in weight loss, for example, if there had been any illness in the home or changes to the menu. This helped to mitigate the risk of weight loss. As part of this audit they also ensured, if weight loss had been identified the right procedures had been followed, for example, referral to the GP or dietician.

We also saw monthly analysis of any falls were being completed. These looked at the number of falls, the time of day, staffing levels and any assistive technology which was being used e.g. falls mats which were connected to the emergency call bell system. This meant the registered manager was continually reviewing risks and looking for ways to mitigate them.

The registered manager had devised a number of surveys in order to get feedback from people who used the service, relatives, staff and visiting professionals.

The survey for people who used the service and relatives had been broken down into sections covering the environment, management and staff, food and drink, laundry, social activities, care, external services e.g. hairdresser, dentist, chiropodist and optician. People were asked to give rating to each area and to make comments. We saw the survey results had been collated in May 2016 and responses were made to each comment together with any action which had been taken. For example, one person had commented fresh fruit was not always available. A 'Fruit Stand' (which looked like a fruit stall) had been created in the dining room so fresh fruit would always be available.

Another 'Quick satisfaction survey' had been completed in December 2016 where people who used the service and relatives were asked, "What can we do to improve?" We saw issues which had been raised in the may survey had not re-occurred so this showed us they had been resolved. Two people thought the garden needed to be tidied up and the registered manager agreed in their response and said it would be a priority once the weather improved. We saw 66.67% of people rated the service as 'Good' and 33.33% as 'Outstanding.'

The quality questionnaires returned from external services, multidisciplinary and GP showed high levels of satisfaction and overall they rated the service as 'Outstanding (50%) and 'Good' (50%).

Employee job satisfaction forms were sent out every three months. The last results were collated in May 2016. When staff had identified an issue the registered manager had responded. 72.22% of staff were extremely satisfied and 22.22% were satisfied working at High Lee Care Home. This showed an improvement on the previous year. This would indicate the measures the registered manager had taken were effective.

All of the survey results had been published and made available to the people who had been sent surveys so everyone was aware of the results, even if they had not completed their survey. Three health care professional responded with the comments, "Glad to know you got good results from the questionnaires you deserve it." "It's a pleasure to work with you all up there." "It would be nice to see other care homes do

the same thing (regarding circulating the feedback)."

The registered manager made sure any positive comments from any of the surveys were fed back to staff via emails, in staff meetings or on the staff room notice board. They did this to make sure staff knew they were doing a great job, that their efforts had not gone unnoticed and to boost morale.

We saw a staff meeting was held every three months, in the meeting minutes for December 2016 we saw discussions about the Mental Capacity Act and Deprivation of Liberty Safeguards had taken place. As a 'thank you' for their hard work the registered manager had given all of the staff a 'Card' which entitled them to free mobile phone insurance, cheap cinema tickets and a variety of discounts in high street stores. They were also given a pair of 'gel insoles' each in recognition that 'they were on their feet all day!'

Staff had also asked for a staff room so they could take their breaks away from the main areas of the home. The registered manager had relinquished part of their office so staff could have a room of their own.

We saw meetings were held with people who used the service. These showed us people were asked for their views and were listened to. For example, suggestions for the menu had been implemented and one person had been provided with another wardrobe to accommodate all of their clothing.