Hendra Healthcare (Ludlow) Limited

Hendra House Residential Home

Inspection report

15 Sandpits Lane
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Ratings

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

Overall summary

The inspection was carried out on 30 July 2015 and was unannounced. At our previous inspection on 22 May 2014 we found that they were meeting the Regulations we assessed them against.

Hendra House is a care home that provides accommodation and personal care for up to 28 older people. 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.

Staff were very well trained and used their training effectively to support people. People said they were aware of the training that staff were given. The registered manager had also provided training events for people who used the service.

Summary of findings

Staff understood and worked within the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. Staff were able to demonstrate an excellent understanding and knowledge of people's specific support needs, so as to ensure people's safety and protect their human rights.

People told us they felt safe at Hendra House and were protected from abuse. Staff knew how to identify if people were at risk of harm and knew what to do to ensure they were protected.

Staff were recruited through a rigorous procedure. People and their relatives spoke extremely positively about the home and the care they or their relatives received. Staff took time to talk with people or provide group or individual activities.

People had care centred upon them because of strong leadership and good staff support. The management reviewed their business plan every month to determine if the service they intended to provide was still relevant to people's needs. Staff reflected on their care of people so they discussed what worked well and what they could do better for them.

People had their individual needs met. We saw staff knew people well and provided personalised support very quickly when asked. There was sufficient food and drink available and people ate their meals in a calm, sociable and unhurried atmosphere.

People had regular routine access to visiting health and social care professionals where necessary. District nurses or the GP assessed the initial health needs of people. They provided clear guidance for staff about how they were to meet these needs so that they worked in collaboration. Staff responded to people's changing health needs and sought the appropriate guidance or care by healthcare professionals. Medicines were managed safely to ensure people received them in accordance with their health needs and prescriber's instructions.

Staff identified and reported any concerns relating to a person's safety and welfare. The registered manager had a system to respond to all concerns or complaints appropriately.

The senior management, staff and relatives regularly discussed how to best support people living at the home. The provider also subscribed to an external customer satisfaction feedback scheme. This enabled people and their relatives to comment on the service independently. People and staff were extremely complimentary about the registered manager and their leadership. The registered manager had fully taken on board the changes to guidance and legislation since April 2015 and integrated these into the systems of the service. The provider had on display the many accolades awarded by accredited schemes.

Summary of findings

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.

The provider supported people safely.

Staff knew how to recognise and report allegations of abuse.

People's medicines were administered in accordance with the instructions of the prescriber by staff that were trained and competent to do so.

The provider operated a rigorous recruitment and selection procedure.

Good

Is the service effective?
The service was effective.

People were supported by staff and external advocates in regards to their ability to make decisions.

Staff received regular supervision and training relevant to their roles.

People were supported to eat and drink well to help them maintain optimum health.

Good

Is the service caring?
The service was caring.

People were treated with compassion, respect and dignity.

People who lived at the home were encouraged to be involved in the planning and reviewing of their care by dedicated staff who knew them well.

People were listened to and their privacy was respected.

Outstanding

Is the service responsive?
The service was responsive.

People who lived at the home and their relatives were confident to raise concerns. People received care that met their individual health and social needs based on equality and diversity.

There was a good provision of activities that promoted peoples hobbies and interests and family inclusion.

Good

Is the service well-led?
The service was well led.

The provider worked with external consultants to monitor and develop the service and to keep up with good practice.

People who lived at the service, their relatives and staff considered the leadership of the registered manager was very supportive and family orientated.

Outstanding

Summary of findings

The provider had a clear strategic vision set out in the business plan. There was an open and empowering culture in the home.

Hendra House Residential 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 visit was carried out by one inspector on 30 July 2015 and was unannounced.

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 reviewed information held about the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We contacted commissioners of care for their views.

We spoke with seven people who lived at the home, two visitors, five members of staff and the registered manager. We viewed two people's electronic care files, two staff files, management quality reports and medication systems.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person said, "The home has bought a quality of life and a feeling of security to me," and "I feel totally secure in my room and the home." Another relative said, "The home is quite special and safe," and "Hendra provides a safe and secure environment in an efficient and friendly manner."

People told us that if they had any concerns about their wellbeing that the registered manager would deal with them straight away. Staff considered they had a good understanding of types of abuse and how to recognise it. They described how to observe for individual changes in people's health or behaviour and other signs which may indicate possible abuse or neglect. They understood the procedure to follow to pass on any concerns and felt these would be dealt with appropriately by senior staff. A member of staff was a 'safeguarding champion who kept up to date with safeguarding information and passed this onto staff. Records showed that all staff had completed safeguarding training and were encouraged by the registered manager and 'safeguarding champion' to report any concerns.

The provider had arranged for people who used the service to attend a course about looking after their skin so they were aware of their vulnerability of 'pressure areas'. A person told us they liked to be included in events such as this and were always 'educated' at resident meetings about keeping themselves safe. People were involved in 'Feel on Friday' which encouraged people to check likely areas where pressure areas may develop.

People told us there were always enough staff on duty. One person said, "If I need assistance I have this bell in my bag I can ring, they come really quickly and are always happy to help." Staff told us that they felt there were sufficient numbers of staff with relevant skills to meet people's needs. We were told that staffing numbers were set to increase due to people's needs changing. Throughout the inspection we saw that people were given assistance when they needed it and they were not left waiting too long, with call bells answered promptly.

People were supported by staff who had undergone a rigorous recruitment procedure. Staff told us they had undergone a full interview with pre-employment checks. We saw that checks required by law had been carried out and staff were not allowed to start without them in place. This included criminal record checks, references and a full employment history review.

Staff were clear on how to manage accidents and incidents. The registered manager told us the process used to review incidents. We saw records that confirmed incidents were monitored to identify any trends and action plans were developed to reduce risks. The provider acted on outcomes of safety audits they had completed. For example, following a recent health and safety audit the provider intended to put in additional window restrictors on the first floor as a secondary means of security.

One person said, "Staff help me to take my medicines and explain what they are for." Another person told us, "If I have pain then the care manager talks to me about it to decide how many tablets I should take. They are very good like that." We observed medicines being administered at lunchtime and saw that people were provided with adequate levels of support. Staff washed their hands and took each person their medication and asked if they wanted fluid to help them swallow it. They waited with the person whilst they took the medication. We found that medicines were managed and stored safely. People received their medicines safely and in accordance with the prescriber's instructions.

Good

Is the service effective?

Our findings

People told us they felt they were supported by appropriately skilled staff. One person said, "There is always someone available to talk to if I have any questions." Another person commented, "Everything is perfect, I am so lucky to live here. The staff are excellent and meet my needs in full."

A relative had commented in a survey that, "My [person] and her immediate family also completed the Gold Standards Framework (GSF), so that when the inevitable happens, everyone knows their wishes will be respected," and another comment was, "There is a clear focus on staff training and this has led to a highly motivated staff at all levels and in all positions." The GSF is a model that enables good practice to be available to all people nearing the end of their lives. It is a way of raising the level of care to the standard of the best.

We saw that staff had received training for their role. Staff told us they were supported to develop as individuals and as a team to achieve the aims of the organisation. Staff considered this benefitted people who used the service because they received care that was based on current best practice. Staff told us they had a clear development pathway that included reflection and planning for future training. This showed that the provider planned ahead to develop motivated staff to continue the succession of the management team.

Staff said they could talk about any concerns to do with their work and the people they were supporting. Comments included, "We are encouraged to learn and pass on that learning to other staff, "and "You can talk easily in supervision, we are well supported." Staff told us they enjoyed working at the service and they were a team purely focused on the people who lived there. We saw records that confirmed supervision sessions had taken place. The provider's improvement plan showed that they aspired to having 100% of staff either working towards or holding a nationally recognised health and social care qualification. In addition, it was planned that each new entrant to the sector will have completed the new care certificate within 12 weeks of employment. The registered manager informed us that prior to any training taking place they agreed with all training providers the outcomes desired as a result of the training, these being linked to the business objectives, especially those linked to 'consistently delivering a quality service'.

In recognition of the effectiveness of the systems in place to recruit and train staff, the provider had delivered presentations in partnership with Skills for Care and the national apprenticeship service. Telling the 'Hendra story' of recruitment, retention and investment to develop staff and how that benefitted people who used the service. For example, staff had been involved in a new initiative with the Clinical Commissioning Group (CCG) for the monitoring of people's blood pressure. Staff were trained in the understanding of blood pressure and how to monitor it. Staff then made the GP aware of the results. The outcome of the programme being that three people who used the service were identified as having heart problems who were then given corrective treatment.

One person commented that they could choose what they did with their day. People's ability to make decisions had been assessed. Where support was needed for a person who was unable to make decisions independently, the process was clearly documented to guide staff. We saw that staff offered choice and clearly explained what they were doing. A relative had commented, "The standard of every aspect of care is superlative, and the commitment of all staff towards achieving outcomes which meet individual needs, choice and wishes is exemplary."

We saw that through discussion consent had been considered for administering medications. Staff spoke of their understanding of verbal and non-verbal consent and for when people were unable to give consent because they lacked capacity to do so. We saw that decisions were made for people by a multi professional team in the person's best interests, for example if a person had a problem with eating or drinking. We saw in the care records that these issues were regularly reviewed and updated.

The provider worked in accordance with the Mental Capacity Act 2015 and the Deprivation of Liberty Safeguards (DoLS) to protect people's human right to liberty. The registered manager told us that one deprivation of liberty authorisation had been applied for in line with published guidance.

People told us that the food was very nice and that they could make requests for something different to the menu.

Good

Is the service effective?

This had been recently actioned following a request at the last resident and relatives meeting. We saw that people were supported to eat and drink sufficient amounts and told us they enjoyed the food. We saw that there was adequate choice and variety and meals looked appetising. The lunch time was a peaceful, sociable event. The PIR informed us that the cooks were compliant with the recent food allergy, compliance and labelling legislation. This had resulted in full assessments of each menu item and identifying allergies of people who used the service.

People said, and staff confirmed, that they were offered a choice of hot or cold drinks throughout the day. We observed people being offered cups of tea and juice during the inspection. People were encouraged with their eating and food was served to each table at the same time and staff supported people at a pace that met their needs. Staff were aware of people's dietary needs and preferences and food was prepared accordingly. The provider held the platinum ward for healthy eating. We saw that staff sat with some people at lunch time and ate a meal with them. This was so that people who could not participate in conversation did not feel excluded. It also encouraged social interaction between everyone who lived and worked at the home. People were assessed for their risk of not eating or drinking sufficient amounts. Staff monitored some people closely to ensure their needs were met. Where there were concerns, this was passed onto to the appropriate medical professional such as a dietician or GP. A member of staff had taken on the role of 'nutrition champion'. The 'nutrition champion' supported staff and people who used the service in their understanding of nutritional issues in older people. People were monitored to identify nutritional issues early and then referred them to the relevant healthcare professional, for example the dietician. We looked at records that showed people were weighed regularly and had their nutritional journey closely reviewed. Staff monitored and recorded the food that people ate.

People told us that staff contacted their GP as and when they required it. One person said, "My Doctor is informed when I have a problem and things get sorted for me." People were assisted to access health and social care services when required. We saw that people had visits from GP's and district nurses. Social workers, opticians, GP's and chiropodists were involved in making sure that people's needs were regularly reviewed and met. One member of staff was a 'continence promotion champion' who had established working relationships with the continence nurse. This had benefitted people through being supplied with more appropriate products to manage their incontinence needs. This showed that the provider placed value on networking partnerships with external agencies to meet people's needs.

Health and social care professionals and commissioners told us that the staff always responded to people's needs and felt they supported people well. They told us that staff approached them for advice promptly if needed and followed their advice. This meant that people were supported to maintain optimum health and receive on-going health care services.

Outstanding ☆

Is the service caring?

Our findings

People told us they had good relationships with the staff at the home and were very positive about how kind and caring they were. One person told us, "I think of them as a family, from top down the whole operation is run in a family caring way." Another person said, "The staff are most caring and courteous to me and my visitors. They go out of their way to make my life fulfilled." People were very open about what they felt about their care. One person told us, "I am overjoyed at the help I have received. I am in very capable hands."

People told us they were involved in making decisions about how they spent their day and the care they received and that staff knew them well. A relative commented, "Residents enjoy the company of both other people who live in the home and staff but also have the option of the privacy of their own rooms if they wish." A relative commented in a survey, "The ladies receive bouquets on their birthdays, Easter eggs, Christmas presents etc. Everybody is equally spoilt."

The provider was involved in a pilot called 'Bridging the Gap' with the local district nurse team where they discussed with people about how to maintain their independence, as well as highlighting the services that were available to them. For example, staff involved independently mobile residents to understand the importance of maintaining mobility, nutrition and minimising the risks of pressure areas. As a result people reviewed their levels of exercise, understood the importance of regular exercise, as well as the possible consequences if mobility was not maintained. People also reviewed with staff their dietary choices and preferences in order to maintain a healthy and nutritional balance in the types of foods and frequencies consumed. This resulted in a high number of people choosing fresh fruit as an alternative to cake or biscuits with their afternoon drinks. As part of the pilot the provider introduced people to continence management clinics. The service's 'continence champion' and the district nursing team involved people individually in discussing different types of products to eliminate potential embarrassment, improve understanding of products which may be appropriate to them and how they were best used.

One staff member told us, "We know the people we look after very well. We care for them and make a home from home." We found that people received support from a provider that had invested in providing a good standard of care and who wanted people to feel included in home life.

Staff were attentive and caring. Although staff were very busy all the time they responded to individual requests with good manners and patience. We observed people and staff relaxing together during some activities such as nail care. Staff were respectful and people told us they felt important and understood. We saw that people enjoyed conversations and jokes with staff who encouraged them and explained anything they didn't understand. The provider gave an example of how caring staff were in the PIR; 'The staff go above and beyond their duties. For example, a staff member on Christmas day drove a person who used the service 40 miles in her own time to enable the person to spend the day with their family. Another member of staff took another person over 70 miles to a wedding.' This showed the voluntary commitment of dedicated staff to the people they cared for.

People told us that staff treated them with dignity and promoted their privacy. One person said "They are always quiet, they never shout to one another." Staff described how they preserved people's dignity when carrying out personal care. They ensured it was carried out in private with bedroom doors, and if necessary, curtains closed. Staff were seen to knock on people's bedroom doors before entering. This meant people were treated in a dignified and respectful way.

Staff completed GSF training so that people were provided with the highest standard of care in the latter period of their life. We saw that care plans identified individual wishes and staff worked collectively with the GPs, district nurses to ensure that these wishes were carried out. Some relatives had commented in an external survey about this aspect of care. They had responded as, "The staff are caring and efficient, dealing promptly with any problems of health or mobility, "and "An excellent end of life care plan was agreed with [person] us and the doctors. Most excellently cared for including the management of their final days. The staff were all supportive, friendly and helpful."

The provider participated in the Care Homes Advanced Scheme whereby people identified their choices, wishes and preferences relating to end of life care, and future hospital admissions. This national project was carried out

Outstanding ☆

Is the service caring?

locally in consultation with the person, care home staff and the GP to ensure that future wishes were known and recorded for action by all appropriate parties for when the need arose. In addition, the management of people's medicines was reviewed to reduce 'over prescribing' and to ensure correct medicine administration. The local clergy of various denominations were available to discuss matters relating to spiritual support for people at the end of life. Support was also available post end of life for family members.

Good

Is the service responsive?

Our findings

People who lived at the home and relatives told us that they felt involved in the planning of their care and staff valued their input. One visitor told us, "The Hendra staff provide a brilliant level of care, continuing to encourage and support independence whilst providing an interesting range of activities and experiences for people." People commented that staff listened to them and always talked to them about how they were feeling. They said this made them feel included and that staff genuinely cared about them. They said this was a daily occurrence. The PIR informed us that one of the five key business objectives of the service was to provide a 'client focused strategy.' People told us this happened in practice. For example, people who used the service had been involved in the choice of new soft furnishings, cutlery, choice of garden furniture and selecting or rejecting potential entertainers.

We saw in people's rooms that they had been able to bring in their own items of furniture. One person said, "Staff told me to bring in whatever I wanted or needed and then they went through asking how I liked to be helped." Another person told us," The staff are always thinking ahead." Another relative told us, "They spent a long time informing us of everything we needed to know. They responded to all our queries and nothing was too much trouble." We spoke with relatives who described how the staff at Hendra had responded in an exceptional manner to a person's mental and physical wellbeing. They described the situation before and after admission to the home. The person's wellbeing had been totally transformed and had given them back their life.

Staff described how they encouraged people to make choices and be involved in their assessment and delivery of care. We heard this happen in practice as staff went into people's rooms to assist them. One staff member said, "We always involve people. Before they live here we create a pre-assessment to help all involved in the person's care be aware of their needs." We saw that assessments had been completed taking protected characteristics into account, for example, age, disability, religion or belief. The provider had implemented a new electronic care planning system. People were able to have their review in private and be shown the information on the screen. We saw how staff updated the system after they had been caring for a person that morning. A screen was also available on each floor of the home. Screens were password protected to show respect for private and confidential information. Staff told us how the new system was quick to complete. They considered this enabled them to spend more time with people who used the service, at the point of care delivery, rather than completing paperwork at the end of the shift.

One person told us, "The daily activities have helped me feel at home and I have made some good friends." People told us that staff asked them what they liked and tried to support their hobbies and interests. We saw that one person was particularly keen on knitting. The person proudly showed us the things they had brought with them and made when they moved into the home. The provider maintained membership of the national association for providers of activities for older people. A member of staff was an 'activity champion' dedicated to engaging with people about their social preferences and organising events that met their needs. There was a list of activities on offer written on a notice board. People told us they could join what they wanted to. The programme also provided for one to one engagement with people who were less inclined towards group activities or who were unable to join in. People were supported in their religious and spiritual beliefs by visitors from different faiths. A 'community chaplain' was visiting one person who told us they enjoyed the time spent with them.

Five people told us they knew how to raise a concern if they needed to. We saw that the registered manager had a process for investigating complaints and to provide people with a response. The registered manager told us there had not been any formal complaints since our last inspection or indeed since 2002. A relative commented in a survey, "The owner and the team provide excellent personalised care. I am confident that any concerns will be identified and changes to my [person's] care made."

The provider held frequent residents and relatives meetings. We saw from the minutes that these were well attended by people who used the service. Any action points resulting from these meetings were immediately responded to. For example, in response to a person's request the provider introduced fresh fruit in the afternoon as an option to cake or biscuits. The meetings informed people of staff training and attainments and if any new staff had joined the team.

Outstanding ☆

Is the service well-led?

Our findings

People told us that the registered manager was a "fantastic" person who was incredibly passionate about the people who lived in the home. A survey comment from a relative read, "The owner and staff have made this an excellent home from home," and "The care at this home is outstanding by owners and staff." One person said, "The manager is so accommodating, nothing is too much trouble." Another said, "We are told about every aspect of the home, the staff, the training and success they have and you just know that everything is ship shape."

One person told us, "I see the manager walking around" and "They help me make decisions when I need it." The registered manager told us that they spent time every day around the home speaking with people, guiding staff and identifying any areas that required improvement. Staff told us that the registered manager was approachable and they liked their leadership style. They told us that the registered manager was regularly out on the floor, observing practice and giving advice. We saw that the care managers did this too. Staff shared the registered manager's view that people came first and told us that they were proud to work at Hendra House.

One staff member said, "The manager and senior staff are very good, very knowledgeable as well as supportive and available. I feel I can go to them and they will sort things, they are really good." Another staff member said, "You can talk to them and they are always approachable." Staff said they shared the values of the registered manager. They said they felt well led and confident in the senior management team. Staff knew the whistleblowing procedures in place and said they would not hesitate to use them.

People told us that the registered manager discussed the running of the home with them. They said he was interested in what they thought of the premises, furnishings, meals and care. This showed the registered manager looked at person centred aspects of the service and included speaking with people who lived there, staff and relatives. Any areas identified as needing improvement were developed into an action plan after consultation with people. For example, developing a photo sheet of staff and their names to go in the introduction pack for new people.

Staff told us what was expected of them in their roles. There were four levels of care staff. The provider's investment in the training and development of staff was evaluated to ensure its effectiveness (both financial and operational) and appropriateness to achieve individual, team and company objectives.

The impact of allocating "champion" responsibilities to staff ensured that each lead practitioner in addition to their normal role specialised in one or more key areas of service delivery, these included:

- Adult Protection
- Medication
- Moving & Handling
- Infection Control
- Continence Management
- Residents Activities
- Nutrition

This benefitted staff development because by sharing the responsibilities it balanced staff's workloads and increased the individual's knowledge and skills. The 'champions' were involved in countywide and national forums specific to their additional roles. New or relevant information was shared at the senior management team so the provider could collectively keep abreast of any changes, or perceived best practice as it occurred. The management team then agreed how the staff team would introduce or implement changes they considered would enhance the quality of service to people. By sharing the outcomes of these roles and decisions with people during resident meetings the provider maintained a client focused environment, where the needs and views of people who used the service were paramount in all that they did.

We saw that regular audits of systems in the home were carried out by the registered manager and external consultants. Outcomes were recorded and any action plans developed to remedy shortfalls. We saw the minutes of a 21 July resident meeting were on display. These were open and transparent about the running of the home including recent developments and future plans. Results of recent satisfaction surveys were also available. This meant that people could share their experience of the service and be informed of the overall results.

The business plan described the organisation's aims and objectives, with distinct pro-active plans being implemented. This ensured the provider focused on continuous improvement for people by regular assessment and monitoring of the quality of service provided. The plan

Is the service well-led?

explained a clear strategic vision that was reviewed monthly. The registered manager had been recognised nationally for delivering a quality service through staff development, being known as an 'employer's champion'. He was part of the 'Trail Blazer' group, (this being a Government department of the Department for Business Innovation and Skills) representing small to medium sized employers in the design of health and social care qualifications to meet the future needs of the care sector. The registered manager was a member of trade associations for access to information and best practice. The provider had a distinct 'better together' approach to working with external professionals to achieve person focused care. This showed they promoted care work as a positive career choice thereby raising the quality of care given to people who lived in the service. The registered manager was proactive in participating in the 'bridging the gap' project with the local district nurse team. This gave people up to date information of services in the community that were available to help them maintain health and vitality.

Senior management meetings were held every 4-6 weeks. Staff received the outcomes of this through meetings and a newsletter and people receive updates via the resident and relative meetings.

The provider stated in their PIR improvement section that they intended to include reviewing and updating the PIR as part of the on-going monitoring of the service's systems and procedures. We saw that all policies, minutes of meetings and the business plan now followed the key questions of the service being safe, effective, caring, responsive and well led.

Staff received good development opportunities and twice yearly appraisals. The running of the service was shared amongst the staff so they developed a culture of success. Staff were provided with free social activities to recognise their contribution to the service and also free counselling services. This meant the investment in staff provided the service with a dedicated, loyal and committed workforce. Staff demonstrated a good understanding of the values and ethos of the provider and described how these were put into practice. They said the registered manager led by example and encouraged them to make suggestions about how the service could be improved for people. Staff told us they felt confident in raising any issues and felt assured that they would be dealt with professionally and sensitively. One staff member said, "We all work together as a family team to give the best quality care possible. If we think we can improve things for people, we just say and he listens."

The topic of medications was discussed at senior management meetings and the information passed to staff via information sheets. For example, staff have not made any medication errors since August 2014. Following the 'accident and near miss' evaluation of falls, the care manager and medication champion had discussed with the GP the detrimental impact recent changes in medication may have had on people who used the service. Medicines prescribed were changed so as to improve the health of that person.

We were informed that as a result of the success of the electronic care plan system the provider had started work to evaluate the benefits of an electronic medication administration system. This was part of the improvement plan for the medication service at the home. This meant that the provider considered innovative options to the current system used.

The provider had entered many accolades from accreditation schemes that included; Voted Best Care Business In The West Midlands Region as a result of service user feedback in both 2014 and 2015, Runners Up in the Best Employer category at the 2015 National Care Accolades and Runner Up in the Care Home of the Year Category at the 2014 National Care Awards. These were on display in the entrance foyer. People we spoke with said they were aware that the provider had achieved high recognition for the care in the home. This had assured them that it would be a good place to live and that they would be well looked after. One visitor told us, "My [person] has been bought back into life, which they had totally given up on, by the knowledge and understanding of the owner and the encouragement of his staff."

The registered manager showed us their record of achievement which included training and refresher courses attended. This demonstrated a commitment to keeping up to date with best practice in the care sector.

The registered manager had proved to have substantial strengths and had a sustained track record of delivering high standards of performance and managing improvements. He had particular strengths in leadership of staff and encouraged them to self-develop. This ensured

Outstanding ☆

Is the service well-led?

people consistently received high calibre care. For example, a high commitment for promoting choice, a focus on valuing people's independence and embracing innovative approaches to practices within the home.

The provider had historically delivered a consistently good performance in meeting Regulations. All of these measures contributed to having a strong management ethos of being open and transparent in all areas of running the service.