Underwood Hall Limited

Wentworth Grange

Inspection report

Nursing Home
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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

Wentworth Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This inspection took place on 28 November and 7 December 2017 and was unannounced. We last inspected the home on 15 and 20 December 2016 and found the provider was meeting the requirements of the regulations.

Wentworth Grange accommodates 51 people across two separate units, each of which have separate adapted facilities. One of the units specialises in providing care to people living with dementia.

The home had a registered manager. 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 registered manager actively sought people's and relative's views. Feedback forms were available for people to share their views about the home and people could also attend meetings.

People and staff told us the home was a safe place to live. Staff showed a good understanding of the provider's safeguarding and whistle blowing procedure including how to raise concerns. Staff did not raise any concerns about safety with us. One previous safeguarding concern had been dealt with and investigated appropriately.

Sufficient staff were on duty to meet people's needs. People told us staff responded quickly when they needed assistance. Throughout our inspection we observed there was a visible staff presence at all times.

The provider had effective recruitment checks to ensure only suitable staff worked at the home.

Medicines were managed safety. Only trained staff were able to administer medicines. There were accurate records for the receipt, administration and disposal of medicines and medicines were stored safely.

Where a potential risk had been identified, a risk assessment had been completed. These had been reviewed regularly to ensure they were up to date.

Regular health and safety checks were carried out to help maintain people's safety. The provider had up to date procedures to deal with unforeseen emergency situations.

People told us the home was clean and hygienic, we also observed this to be the case.

Incidents and accidents were logged and investigated. Where required action had been taken to keep

people safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Meeting nutritional needs was an area of strength at the home. The registered manager was motivated to make people's mealtimes special with great attention to detail and quality ingredients used. Chefs were skilled at preparing and presenting special diets so that people requiring these had a good experience.

People were supported to access a range of healthcare services in line with their needs such as professionals including speech and language therapy, chiropody, opticians and mental health professionals including the behaviour support service.

The provider had adapted the environment to meet the needs of people living with dementia. This included low sheen plain flooring, good levels of lighting and contrasting toilets with flooring. The registered manager was motivated to make the home "special" whilst still meeting the needs of people living with dementia.

People's care plans were up to date, individualised and reviewed regularly. Although care plans were detailed and personalised, some of the very specific information staff were aware of was not always included in the plans. We discussed this with the registered manager who agreed to ensure care plans were developed further. Where required care records included risk assessments and risk management plans.

There were opportunities for people to take part in activities such as hair and nails, board games, baking, chair exercises, arts and crafts, flower arranging, Sunday lunch, outings and special events. We have made a recommendation about reviewing the suitability of the activity programme for people living with dementia.

The home had a complaints procedure. There had been no complaints made about the home. However, people knew how to complain if needed.

The registered manager articulated a clear vision for the home and planned future developments. These were focused around providing the best experience for people using the service.

The provider had a dedicated audits manager to oversee quality assurance within the home. There was a structured approach to quality assurance with a range of audits carried out to check people received good care.

Staff were well supported to carry out their role and received the training they needed. Records confirmed training, supervisions and appraisals were up to date when we inspected the home. Essential training included infection control, fire safety, moving and handling and medicines management. Additional training available included more advanced training in dementia care and the recognition of delirium.

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.

There were sufficient staff on duty to meet people's needs. Effective recruitment checks were in place to ensure new staff were suitable to work at the home.

People received their medicines safely.

The provider carried out regular health and safety checks and had up to date procedures to deal with emergency situations.

The home was clean, hygienic, well maintained and decorated to a high standard.

Incidents and accidents were fully investigated.

Is the service effective?

Good

The service was effective.

Staff were well supported and received the training they needed.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA).

People's nutritional needs were met to a very high standard.

People were supported to meet their healthcare needs.

The home had been adapted to meet the needs of people living with dementia using high quality fixtures and fittings.

Is the service caring?

Good

The service was caring.

People confirmed they received good care.

Staff were kind, considerate and caring.

People were treated with dignity and respect.

People were supported to make their own choices and to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People had individualised and up to date care plans. Some very specific information about people's needs had not been recorded in care plans.

Risk assessments and risk management plans were in place as required.

Activities were provided for people to take part in. We have made a recommendation about the provision of activities for people living with dementia.

People knew about the complaints procedure. There had been no complaints made about the home.

Is the service well-led?

Good

The service was well led.

Staff described the registered manager as supportive and approachable.

There were regular opportunities for people and staff to share their views about the care provided at the home.

The provider had a clear vision for the future development of the home.

The provider had a structured approach to quality assurance and carried out regular audits.

Wentworth Grange

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 was a comprehensive inspection which took place on 28 November and 7 December 2017. The first day of our inspection was unannounced and our second visit was announced. This meant for our second visit the provider knew beforehand that we would be visiting the home.

One inspector and an expert by experience carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also reviewed reports received from the local authority commissioners for the service.

The provider completed a provider information return (PIR) prior to the inspection. 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 spoke with seven people living at the home. We also spoke with the registered manager, clinical lead, audits manager, a senior care worker, two care assistants, the activity co-ordinator and the chef. We looked at the care records for four people who used the service, people's medicines records and recruitment records for five staff. We also looked at a range of records related to the quality and safety of the home.

Good

Is the service safe?

Our findings

People told us they felt safe living at Wentworth Grange. One person said, "Yes, I feel safe. So many people around and they're all so kind and friendly." Another person commented, "It is well run and people are around all the time." A third person told us, "Yes, I feel safe. People are pleasant and don't be nasty to you." A fourth person commented, "It is safe here. Even in the middle of the night there are staff walking about the building."

Staff also felt people were safe. One staff member told us, "We are all very conscious about making sure people are safe. Everything (equipment) is used properly." Another staff member said, "I believe people are safe. There are members of staff on the floor to observe and monitor."

Staff showed they had a good understanding of keeping people safe. They knew about the importance of raising concerns through either the safeguarding or whistle blowing procedures applied in the home. One staff member said, "I have not used it [whistle blowing procedure]. I would use it." Another staff member told us they would use the whistle blowing procedure "immediately" if they had concerns about people's safety. They told us, "I am here for the residents." A third staff member commented, "Oh yes I would raise concerns." The provider had a current safeguarding policy and flow chart to guide staff on how to deal with safeguarding concerns. There had been one safeguarding concern logged which had been fully investigated in line with the agreed procedure.

Most people told us there were enough staff on duty to meet their needs. One person told us, "Sometimes they seem a bit short staffed. If I pressed my buzzer they generally come quite quickly though." Another person said, "I've never had an occasion where staff are not available." A third person commented, "Yes there are enough staff. I never need to wait for help."

Staff also confirmed staffing levels were appropriate to meet people's needs in a timely way. One staff member said, "There are always plenty of staff around to help out. We can respond (to people's needs) quickly." Another staff member commented, "I am quite happy (with staffing levels). If we need help we are always given it."

The provider used a staffing tool to review and monitor staffing levels. The tool was based around people's dependency levels and took account of areas such as personal hygiene, mobility, health, dementia and nutrition. The tool showed actual staffing levels were higher than those the tool recommended. This was reviewed on a monthly basis. We viewed staffing rotas which showed the expected staffing levels had been maintained.

Effective recruitment processes were in place to check new staff were suitable to work at the home. Checks carried out included requesting and receiving references and a Disclosure and Barring Service (DBS) check. Where required, such as following receipt of information from DBS, risk assessments or additional checks were carried out to assess the staff member's suitability before they started working at the home.

The provider had systems for the safe management of medicines. Only trained staff, whose competency had been assessed, administered people's medicines. We saw records relating to the receipt, administration and disposal of medicines were accurate. Medicines were stored safely with checks in place to review storage arrangements. For example, daily temperature checks of the storage rooms and medicine fridges helped ensure medicines remained safe to use.

People told us they received their medicines when they were due. One person commented, "Medication gets done every morning and staff always know who I am." Another person said, "Oh yes, they are always given on time." A third person told us, "I take medication and it's always on time." A fourth person commented, "I have no complaints about my medication."

Risk assessments had been carried out when needed to help keep people safe. Examples of completed risk assessments included pushing people in a wheelchair, the safe use of oxygen, taking people on outings using public transport and a fire risk assessment. Risk assessments clearly identified who was potentially at risk and the control measures in place to reduce the impact on people. Evidence was available to show these had been reviewed annually.

Health and safety related checks were completed regularly to help keep the premises and equipment safe for people. This included fire safety checks, fire drills and checks of electrical, gas and water safety. There were also policies and procedures for dealing with emergency situations. One person told us, "The fire alarms get tested regularly here."

People told us the home was clean and hygienic. One person said, "I would say it was very clean. Floors get washed every day." Another person commented, "Oh yes, it's lovely and clean and tidy. My room is great. Bedding is changed every week and laundry is done well." A third person told us, "It's very clean and hygienic. I have a beautiful room. Bedding is changed every few days." A relative described the cleanliness of the home as "exceptional". The fixtures and fittings in the home were to a high standard.

Regular infection control audits were completed to check cleanliness was maintained to a high standard. We viewed the records of previous audits which showed effective systems were in place. These showed a good standard of hygiene was confirmed. Nurses held teaching sessions for staff and people about effective hand washing. We noted hand washing guidelines were displayed in all bathrooms and toilets as a reminder for staff, people and visitors. We observed domestic staff at work throughout our time spent at the home.

Detailed records were kept for incidents and accidents at the home. These were analysed each month to check appropriate action had been taken. This was also used as an opportunity to look for any trends and patterns. From our own observations and conversations with people and staff it was evident the registered manager constantly reviewed the care provided at the home to look for ways to improve people's experience.

Good

Is the service effective?

Our findings

People said staff had the appropriate skills and knowledge to care for them. They were very complimentary about staff member's skills. One person said, "Staff are very knowledgeable and just get on with their jobs." Another person commented, "Yes staff are well trained. They make me feel good." A third person told us, "There is very little the staff can't do for me. I think they are well trained. The agency staff at night also seem well enough trained."

Staff felt well supported to carry out their role. One staff member said, "There is always a nurse around if you need help. Everyone tries to help each other as best we can." Another staff member commented, "Yes I do feel supported. They (management) are good people. They are there if we need them." Records confirmed regular supervisions and annual appraisals were carried out.

The provider had developed links with Derwentside College with staff signing up to do vocational qualifications. They also used the NHS Learning and Development Unit (LDU) to provide training they considered essential for staff. Training was a mixture of face to face and e learning (computer based). Essential training included infection control, fire safety, moving and handling, medicines management, the Mental Capacity Act (MCA) including the Deprivation of Liberty Safeguards (DoLS), first aid and nutrition training. Records showed training was either up to date or planned.

Clinical training was provided by the community matron as required. An agency nurse who had recently worked at the home told us, "I am very impressed with the standard of training." Another staff member said, "We are constantly getting training."

Staff had also received additional mental health training including the recognition of delirium and dementia. Delirium is a serious condition which can be fatal if undetected. Staff we spoke with were aware it can be caused by physical illness such as infections and pain. This is important because with careful management it can be preventable and reversible. Different levels of dementia training were provided from basic to more advanced. The staff members we spoke with in Hampton House (the unit for people living with dementia) were able to name different types of dementia and knew how they differed.

The Registered Manager demonstrated that people's mealtime experience was extremely important to him. Our observations showed they endeavoured to make mealtimes a positive and fulfilling experience for people. The registered manager had taken staff to a professional restaurant to show them the atmosphere and quality of service so that this could be replicated for people living at the home. They took photos and videos of examples of excellent food they had seen when out to use as inspiration for the chefs employed at the home. The registered manager said they believed said the job of the chef was to "surprise and delight" people.

The home used local produce and high quality ingredients for all of the meals served at the home. We noted the dining areas had delicatessen counter type display cabinets to entice people to eat. These were filled with attractive cakes and savouries to tempt people throughout the day. The provider also offered 'dining

with the chef' meals. These were when the chef cooked food at the table in front of people who enjoyed watching them cook a curry and omelettes. Safety and hygiene considerations were implemented such as a sneeze guard to enable people to be as close as possible to appreciate the whole experience.

People were supported to eat in line with their assessed needs. We joined people for lunch at the Hampton House unit for people living with dementia. We saw people were nicely supported to eat their meals. People sometimes needed prompting and encouragement. We overheard a staff member say to one person, "Let me help you. I know you are going to love this!" and "There's plenty more, would you like some more?" Following the meal people were supported to ensure their dignity was maintained. One staff member very discreetly asked a person, "Can I help clean your face?" Clothing protectors were also provided.

The chefs aimed to ensure meals were adapted for each person requiring specialised or altered diets so that they could have the same meals as other people. They had completed relevant training and showed a good understanding of the different categories of pureed meal. For example, one person had their pureed meal in a mug. As a result of this they managed both a main meal and a dessert. Previously staff had tried numerous ways to support the person to eat. They found this worked well. Other strategies were used to encourage people to make choices and encourage them to have what they really wanted to eat. For instance, picture menus and showing people small sample portions of plated meals to help with choosing a meal. This also meant they could see and smell the meal.

People and relatives gave us consistently positive feedback about the meals served at the home. One person said, "Food is very good here. We're never short of food! The best sandwiches I have ever seen!" Another person commented, "Food is excellent. I can always have something I really like if it's not on the menu. They'll always do something special for me if I ask them. A third person told us, "Food is very good. Always lots of food." A fourth person said, "Food is excellent. We have lots to eat." One relative commented, "The food is delicious."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 on authorisations to deprive a person of their liberty were being met. Where people were unable to consent to their stay, applications had been made to the local authority to deprive them of their liberty in line with legal requirements. A record was maintained of DoLS that had been authorised including the renewal date and those awaiting a decision.

Mental capacity assessments were carried out and decisions made in people's best interests were recorded. Policies were available regarding people's rights and choices, such as their right to vote. Where people lacked capacity, the level of choices they were able to make was recorded. For example, some care plans stated the person could make simple every day choices regarding what to wear, but could not make complex financial decisions without the aid of their advocate. Where family members had legal authority to support with such decisions including Lasting Power of Attorney (LPA), this was recorded. We spoke with the

registered manager about the level of detail included in plans about how to support people to make choices as this could be expanded upon to make the plan more personalised. The registered manager told us they would review plans to ensure they contained as much detail as possible.

People were supported to access the healthcare they needed. A medical file was maintained for each person. This included a list of their past and current medical history, 'do not attempt cardio-pulmonary resuscitation' authorisation (DNACPR) and an emergency health care plan (EHCP). We saw evidence of referrals for specialist advice where required. People had access to a range of professionals including speech and language therapy, chiropody, opticians and mental health professionals including the behaviour support service. For example, where people had been losing weight, appropriate action had been taken and advice sought form the person's GP or dietitian. Weights were reviewed weekly for most people. A small number of people had been reviewed over a longer period than seven days. We spoke with the registered manager about this who said they would review the frequency of weights and ensure those at risk were weighed on time, or a record made of any reason why this had not been possible.

The provider had made good use of the environment to ensure it was suitable for people living with dementia whilst also maintaining good quality fixtures and fittings. For instance, low sheen plain flooring, good levels of lighting and contrasting toilets with flooring. People's rooms were homely and individualised and there was careful attention to the design and décor. The provider wanted to make the design of the home special while ensuring it remained fit for purpose and met the needs of people living with dementia. There were extensive and well maintained grounds with chickens roaming outside which people could see from the window as well as country views. A public footpath passed nearby which meant locals often waved to people in Hampton House when passing.

Good

Is the service caring?

Our findings

People told us they were well care for. One person said, "I think the care I get couldn't be better." Another person told us, "Couldn't be better. The staff are very helpful. They know me very well and also they know my visitors." A third person commented, "There are some very nice people work here. Care is very good."

Without exception, people and relatives we spoke with found staff kind and caring. One person said, "They're pretty good. They always chat to us, it's lovely." Another person told us, "Staff are marvellous. They're like friends really. Everyone is so friendly here." A third person commented, "Staff are excellent. They made me feel very welcome when I first came here." One relative commented, "Fantastic, amazing staff. They are so nice with people. Nothing is a problem at all. I cannot fault them."

Staff were motivated to try and meet people's individual choices and preferences. For example, people were able to bring their pet with them when they moved into the home. Staff supported another person to create their own CD of them singing their favourite song. For another person staff were happy to shop for them as they didn't have family visiting.

People were actively encouraged to personalise their rooms. The registered manager told us when a person moved in they offer to take everything out of the room so the person could completely furnish it to suit their individual taste. They said all rooms prior to admission were brought to 'as new' standard. People were given freedom over colour choices and the provider then supplied the paint and arranged for the work to be completed.

People were treated with dignity and respect. One person said, "Staff do respect my dignity in all personal care." Another person told us, "Staff bath me and they really do maintain my dignity." A third person commented, "We get treated very well. There are some very nice people here." Staff described to us the practical steps they took to maintain people's dignity and respect. For example, making sure doors were shut when supporting people, keeping people covered as much as possible when helping with personal care, understanding people's preferences, seeking consent and explaining what was happening at all times.

People were supported to be as independent as possible. One person commented, "I have a walking trolley to help me walk safely." Another person said, "Staff encourage me to walk around the corridors by myself. I also go out twice a week with my pals to the local pub." Staff also confirmed supporting independence was a priority. One staff member said, "We try to keep people going." Another staff member told us, "We don't take people's independence away. If people can do even a little bit, let them do it."

People were in control and able to choose how they spent their day. One person said, "We can go out walking if we are so inclined. My wife is always made to feel welcome when she visits." Another person told us, "I can't think of any restrictions but I don't want to do very much." A third person commented, "The only restriction I have is how far I am allowed to walk." A fourth person told us, "I do have some freedom. I go out to a French class every week in a taxi."

People described having friendly relationships with staff and felt staff had a good understanding of their needs. One person commented, "Oh yes, staff do know me well. They're very kind." One person said, "Yes, staff know me very well. We're like friends really." A third person said, "I would say staff do know me and understand me." A fourth person told us, "Staff understand me and look after me well." We overheard at one point a staff member complimenting one person. They said, "[Person's name] you have had your hair done, you look gorgeous!" We saw the person smiled broadly at the staff member.

Good

Is the service responsive?

Our findings

Person centred care plans were in place and a new electronic care plan system had been introduced. This system enabled care staff to send each other messages regarding people's care and improve communication. Care plans were up to date, individualised and reviewed regularly.

Discussions with staff showed they knew people well. Staff understood how to respond to people living with dementia. One staff member said, "We go with the reality of the person. For example we have a person who believes they are at work. We don't contradict that but support them to feel useful while making sure they don't become over tired." This meant people were valued and supported to maintain their esteem needs.

Care records included risk assessments and risk management plans. Recognised tools were used to assess whether people were potentially at risk of poor nutrition, skin damage and falls. Care records also included a personal history and life story. This provided important information to help staff better understand the needs of the people they cared for.

Although care plans were detailed and personalised, we noted some of the detailed information staff knew about people was not always reflected in them. We discussed with the registered manager how care records could be further enhanced with the addition of such information to support unfamiliar staff and demonstrate fully person centred care plans. The registered manager agreed this was an area they could develop further.

People said there were opportunities to participate in activities if they chose to. They also confirmed this was entirely their choice. One person said, "I don't particularly want to do very much but activities are available. We have singers in sometimes and that's good." Another person told us, "I read a lot and we dine together. I'm not very keen on singers though." A third person commented, "I read a lot and I don't do activities here though." A fourth person said, "There is a list of activities on the dining room door, but I don't get involved."

Some other people told us they thought access to activities could be improved and the registered manager acknowledged this was an area they were working on. Additional activities staff were to be appointed to increase the range of activities available at the home. Further consideration had also been given to the planning of individual activities to meet the needs of people who did not enjoy participating in group activities. We found examples of person centred activity planning. One person was being supported in an individualised way to settle into the service. For example, space had been provided in their room for a work space with items from their previous career to look at. There were further plans to develop an outdoor workshop and bantams (a small variety of poultry) outside the person's room to further distract and stimulate the person who had been previously distressed in care.

A weekly planner was displayed showing activities available throughout the week. Activities included; hair and nails, games such as dominoes, cards and chess, baking, chair exercises, arts and crafts, flower arranging and on Sunday, a nice lunch followed by a pub quiz and reading. The activity programme for the

day of our inspection was the hairdresser and manicure treatments, which was widely taken up. The provider arranged social functions to which people and the local community were invited, such as a fire work display on bonfire night. People could also access a regular church service if they wanted.

We observed the afternoon activity which was a tea dance. The handyperson came in on his day off with a guitar and microphone and entertained 20 people and staff. People became very engaged who had previously been sitting in chairs or wheelchairs. Several people got up to dance and the event was light-hearted, entertaining and clearly very enjoyable.

The registered manager told us they had worked with a local hair and beauty salon to provide a service to people living at the home. We found this had become a regular feature with guests able to access within the home a professional service offering the latest techniques in hair and beauty. People also had the option of visiting the salon if they preferred.

Although a range of activities were provided, many of these were group type activities which may not be best suited to people living with dementia. We recommend the service considers current guidance on the provision of meaningful activities for people living with dementia and takes action to update their practice accordingly. This includes providing a variety of activities, resources for planning and evaluating these under review in light of feedback received.

At the time of our inspection there was nobody receiving end of life care. The registered manager told us about previous examples of how they had offered support to relatives to help them through these difficult times. For example this included offering assistance with clearing the person's room on behalf of relatives and offering to provide an after funeral tea for all of the person's family. Feedback from people following a recent tea was relatives found this a great help.

People and relatives gave us positive feedback and did not raise any concerns about their care. Most people said they couldn't think of any improvements that could be made. One relative said, "Nothing could be done better". A complaints procedure was in place. The registered manager said he informed people and relatives they must complain if they were dissatisfied with any aspect of the service provided and that he was available on his mobile telephone at any time. We checked the complaints log and found most concerns had been dealt with proactively. We found one complaint response which did not contain sufficient information to assure us that appropriate action had been taken. We spoke with the registered manager about this who agreed and said they would re-design the complaints records to ensure full details of action taken, the person responsible and satisfaction with the outcome were recorded.

Good

Is the service well-led?

Our findings

The home had an established registered manager. Staff told us the registered manager was supportive and approachable. One staff member said, "[Registered manager] is pretty good if you need help from him, he is approachable." Another staff member commented, "If [registered manager] is not here we can ring him anytime." The registered manager told us they were always available for people and relatives and was on-call at all times. They also ensured people and relatives had their personal mobile number and encouraged them to use it.

The registered manager actively sought people's and relative's views about the quality of the care provided at the home. We observed the registered manager proactively seeking out relatives, checking everything was okay and inviting them for coffee and a chat about how things were going. We viewed copies of recent feedback forms which contained positive feedback. Words used to describe the care provided included 'so caring'; 'helpful'; and, 'respectful'.

There were other opportunities for people to share their views and provide feedback about the home. We viewed the minutes from these meetings which detailed compliments about areas such as the quality of the food and the caring nature of the care staff. People were aware of meetings taking place and had the choice to participate if they wanted. One person said, "We do have meetings, but I don't attend them." Another person commented, "I sometimes go to meetings and we discuss what we do here." A third person commented, "We do have meetings but I've never been to one. I'm not keen on meetings."

The registered manager was proactive and passionate about providing the best possible home for people. The registered manager told us his vison was "to provide the best possible care, the best possible service, in the best possible environment." We found the systems and practices in the home as well as plans for the future supported this vision.

The registered managed described the plans they had for a range of initiatives to help transform the lives of people using the service. These included a 'poly tunnel to provide people with home grown vegetables and flowers; raised flower beds; a planned make-over of the courtyard area complete with bantam chickens, grass, shrubbery, small trees and water features. The provider was also creating a safe workshop for those people who enjoyed using spanners, wrenches and other tools.

Staff were enthusiastic and knowledgeable. They described the home as having a good atmosphere. One staff member said, "We all get on." Another staff member commented, "We are close knit, we are like a little family." A third staff member told us, "I enjoy coming to work."

Regular staff meetings took place. We viewed the minutes from previous meetings which showed discussion had taken place about the serving of meals, themed meals and training opportunities. A specific meeting was held to discuss quality issues and improvement. Recent topics covered included the implementation of a GP ward round and staffing. One staff member said, "I feel listened to. We have staff meetings."

The home a dedicated audits manager in post to oversee quality within the home. The audits manager was based in Hampton House to offer additional support to the staff team based there. We found there was an effective system of quality assurance audits to check on the quality and safety of people's care. Audits were completed consistently and were up to date when we visited. These covered areas such as medicines, infection control and health and safety.