Herewards House Ltd

Herewards House

Inspection report

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Berkshire
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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Our inspection took place on 27 July 2017 and unannounced.

Herewards House provides accommodation for older adults and people, some of whom have dementia. The service provides ongoing care as well as respite stays. The service is located in a residential area of Maidenhead in Berkshire. The service is registered to accommodate a maximum of 27 people. On the day of our inspection there were 22 people who used the service.

The service must have a registered manager.

At the time of the inspection, there was 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.

This was our first inspection of this service since the provider changed their registration, although the service has been operated for many years by the same people.

People were protected from abuse and neglect. We found staff knew about risks to people and how to avoid potential harm. Risks related to people's care were assessed, recorded and mitigated. The management of risks from the building required some improvement. We found sufficient staff were deployed to meet people's needs. Medicines management was safe, but improvements were needed in the premises to facilitate better preparation of medicines. We saw some refurbishment had been completed to modernise the building. We made recommendations about window restrictors and Legionella prevention.

Staff training and support was appropriate. Staff had the necessary knowledge, experience and skills to provide good care for people. The service was compliant with the requirements of the Mental Capacity Act 2005 (MCA) and associated codes of practice. People's nutrition and hydration was satisfactory. Appropriate access to community healthcare professionals was available.

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. We made a recommendation about DoLS applications.

There was a lot of complimentary feedback about Herewards House. People and others told us staff were kind and caring. People and relatives were able to participate in care planning and reviews, but some decisions were made by staff in people's best interests. People's privacy and dignity was respected. We made a recommendation regarding the Data Protection Act 1998.

Care plans were personalised and reviewed regularly. There was a satisfactory complaints system in place

which included the ability for people and others to escalate complaints to external organisations. The service had no recorded complaints for a considerable period of time.

Staff demonstrated a positive workplace spirit and enjoyed their roles. People and others felt the service was well-led. A small number of audits were conducted to check the safety and quality of care. People who used the service and staff feedback was noted by the management team in the operation of the service. We made a recommendation about the statement of purpose and related statutory notifications.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people from the premises required further mitigation to prevent harm.

People's medicines were safely managed but required improvement.

People were protected from abuse and neglect.

People's personal risks were assessed and managed to ensure safe care.

People were cared for by sufficient staff.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the right skills and knowledge to perform their roles.

The service complied with the requirements of the Mental Capacity Act 2005 (MCA).

People had adequate nutrition and hydration.

People had appropriate access to community healthcare professionals.

Is the service caring?

Good

The service was caring.

People received kind care.

People's dignity and privacy was respected.

People's confidential personal information was protected.

The service was not registered with the Information

Commissioner's Office (ICO).

Is the service responsive?

Good

The service was responsive.

People's care was person-centred.

People could provide feedback or make a complaint.

Information was provided to people in line with the provisions of the Accessible Information Standard.

Is the service well-led?

Good

The service was well-led.

There was a good team culture amongst staff that provided care to people.

Feedback from people and staff was included in the operation of the service.

The management team were approachable and knew people, relatives and staff well.

The service worked collaboratively with community-based agencies involved in adult social care.

Herewards House

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.

Our inspection took place on 27 July 2017 and was unannounced.

Our inspection was completed by two adult social care inspectors.

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 we already held about the service. This included notifications we had received. A notification is information about important events which the service is required to send us by law. We also looked at feedback we received from members of the public, local authorities, the clinical commissioning group (CCG) and the fire inspectorate. We checked records held by the Information Commissioner's Office (ICO) and the Food Standards Agency (FSA).

During the inspection the registered manager was absent. We spoke with the deputy manager, six care workers, the chef, the kitchen assistant and two visiting healthcare professionals. After the inspection, we spoke with the clinical commissioning group (CCG) pharmacist.

We spoke with seven people who used the service and three relatives or friends. We looked at all medicines administration records and five sets of records related to people's individual care needs. This included care plans, risk assessments and daily monitoring notes. We also looked at three staff personnel files and records associated with the management of the service, including quality audits. We asked the registered manager to send further documents after the inspection and these were included as part of the evidence we used to compile the report.

We looked throughout the service and observed care practices and people's interactions with staff during the inspection.

Requires Improvement

Is the service safe?

Our findings

We looked at risks to people's safety from the building. Risks to people we checked included fire risks, Legionella, gas safety, window restrictors and the management of lifting equipment like the passenger lift and hoists with slings. The service managed most of these risks to people appropriately. However, some areas of risk stemming from the building itself required improvement.

We saw a range of risk assessments were in place in line with health and safety legislation. Where risks were identified, these were noted and acted upon by the registered manager. The service had a small fire from a tumble dryer in February 2017, and this was controlled by the home before the fire brigade arrived. The fire authority reported to us they inspected the service after the fire to check fire safety and that people were protected. The fire authority reported that the service was 'broadly compliant' with the relevant legislation. We saw there was a fire risk assessment completed by a contractor in February 2017 which noted that the service managed risks from fires appropriately.

The building is a converted, period-style premises. During the inspection, we toured the building with the deputy manager. We measured and recorded the temperature of water that came out of a range of taps in hand basins, showers and baths. We found that people were protected from the risk of scalding because safety devices were fitted to the pipework which controlled water temperatures. Water temperatures were checked by staff and recorded in a log book routinely. We did note that water temperatures from some taps we turned on to hot water only were not within the recommended range for Legionella prevention. We also looked at window restrictors in multiple bedrooms. These were not suitable to protect against falls from windows. They were not in accordance with Health and Safety Executive requirements to ensure they can withstand force from being opened too far. We pointed out that three windows were not restricted due to failure of the window securement. The deputy manager agreed, recorded the details of the windows affected and assured us that the maintenance person would be called to address the issues.

We recommend that the service reviews the window restrictors installed at the premises.

We looked at the risks from Legionella. There was a single water sample result from April 2017 which showed there was no Legionella present in one outlet. The service had completed a Legionella risk assessment. This was sent to us after the inspection, as the registered manager was absent at the time. The risk assessment was not sufficient and did not contain the necessary information required by the applicable HSE guide and legislation.

We recommend that the service obtains professional advice about Legionella prevention and control.

We found the service had completed gas safety checks and electrical wiring checks. We saw the electrical wiring failed the 'condition report' but the registered manager had organised the necessary works by a qualified electrician to ensure people were safe. The passenger lift and hoists and slings used to move people were all checked by contactors and found to be safe and fault-free at the time.

The internal aspects of the premises were clean and odour-free. We noted cleaners attended to the routine tasks of ensuring hygienic surroundings for people, relatives and staff. Redecoration had occurred in some communal areas and communal bathrooms. We found some areas in the premises where there was poor lighting, such as outside bedrooms and where floors and carpets were uneven. There was a risk that people could trip or fall because of the lighting and flooring.

We checked the medicines management process at the service. We found the prescribing, ordering, dispensing and preparation of the medicines was safe. We observed one care worker administer medicines to four people who used the service. They were systematic in their approach, worked slowly to prevent errors, used locally and nationally recognised methods of administration and checked their administration and documentation as they proceeded. Storage and management oversight of medicines required improvements. We found controlled drugs (those with strict rules for storage and record-keeping) were not counted between shifts. This meant any missing medicines may not be accounted for in a timely way. All medicines, including refrigerated ones, were stored in a communal lounge within a locked metal cupboard and trolley chained to the wall. Whilst access to medicines by unauthorised persons was prevented, the storage was not appropriate. There was no bench to work from in the preparation or management of medicines. There was also no access to handwashing facilities, to protect people against cross infection.

We looked at three staff recruitment files. There was not always a safe system in place for recruitment of all new workers. Most of the necessary checks required by the relevant regulation and schedule were completed. These included checks of staff identification and the right to work in the UK, and checks of conduct in similar prior roles (references). Criminal history checks via the Disclosure and Barring Service (DBS) were completed, but in two cases the certificate from another employer was in the staff member's file. We also noted that no interview notes were recorded to demonstrate that fit and proper persons were selected when recruiting staff. We contacted the registered manager after the inspection regarding these issues. The registered manager confirmed that two staff did not have DBS certificates from Herewards House before employment and that no interview notes were recorded during the recruitment process. This placed people at risk of being cared for by staff that were not suitable to perform care work with vulnerable adults.

People told us they felt safe at the service. A person told us they had a call bell, which made them feel safer in their bedroom. The person said, "The manager put mine in." Another person we spoke with told us, "I feel quite happy." We observed that most people had call bells that were within reach. We visited a person in their room with a care worker and saw that the call bell was not within reach. The care worker said, "I'm sure she has a bell", found the handset and placed it within the person's reach. In another person's bedroom, we observed they sat on a chair in their underwear wiping themselves with paper towels. When we asked the deputy manager about this, they explained the person's normal daily routine and the person had the ability to make their own decisions. The deputy manager told us staff respected there were some risks for the person but that these were considered and recorded. When we checked the person's care file later, this was satisfactorily documented. Throughout our inspection, people smiled and laughed and many relatives visited. In communal areas, people were within the sight of staff and mobilised on their own if they wanted to move.

People were protected against abuse and neglect. Staff received training, which was updated regularly, of what to do in the event of harm to people. The deputy manager was knowledgeable about their role in any abuse allegation, and which agencies to contact. The local authority informed us of safeguarding referrals they had received for the service. We reviewed the information and found the service and other agencies had reported the incidents to the local authority. In all instances, these were clinical issues and not allegations of harm or abuse. The service sent notifications to us when they were made aware of any

safeguarding referrals to the local authority. The deputy manager showed us contact information for safeguarding agencies was available in the staff office.

We found people had their care risks assessed upon admission and through their stay at Herewards House. We saw in the two care files we looked at, the registered manager or deputy manager stored referral information, for example from the commissioner of the care, the GP or the hospital. Prior to moving in, a person was required to have a detailed pre-admission assessment completed. The registered manager included information about the person's mental health status, including dementia, moving and handling requirements and what kind of diet the person needed. The registered manager did not admit people to the service if they could not be safely cared for. After admission, people's care risks were recorded using a series of risk assessments. These were regularly reviewed and set out in each person's care folder. We saw that staff had recorded accurate and detailed risks for each person and what actions or steps could be used to prevent harm.

We found the service had safe staffing deployment. Staffing was based on the needs of people who used the service. The deputy manager was not aware of any system or method that determined the number of care staff that were deployed on any shift. We spoke with the deputy manager to find out the deployment of staff across the spectrum of shifts. We also found people's capabilities were assessed and monitored periodically and more frequently if required. Some consideration of the building layout was used in determining rostered hours for staff.

There was a call bell system in operation and we observed staff response times to people's calls. There were prompt responses to people when they required assistance in their bedrooms. We observed people in communal spaces gained staff attention or called out to them if they needed assistance.

Good

Is the service effective?

Our findings

We asked some staff members about their training. They told us that they received mandatory training in specific subjects and routine updates. One care worker told us "We have a lot of training. Fire training, safeguarding, moving and handling, first aid – everything." We saw that a person who was cared for in bed had an automatic pressure-relieving mattress. A care worker told us that "We check every couple of hours and reposition." The care worker told us they understood this was important because of the training they received.

We looked at the staff training records. This showed that staff completed the necessary training to work effectively at Herewards House. Staff were required to undertake induction training prior to working without supervision. Topics included safeguarding vulnerable adults at risk of harm, safe moving and handling of people, fire safety, infection control and nutrition. Some records about training and staff support were not available at the time of our inspection because the registered manager was absent. We asked for these to be sent after our inspection and received them as part of the evidence. We saw staff received supervision sessions and performance appraisals to reflect on their practice and set goals for their development. We saw some staff had completed additional training in important subjects such as incontinence and care of catheters. The provider was supportive of staff development, which meant people received support and care from knowledgeable and skilled workers.

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 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.

We observed that care staff sought verbal consent and explained care to people. Staff we spoke with showed a good understanding of consent. We found the majority of people who used the service were able to make simple decisions for themselves, but some required prompting by staff. The deputy manager told us that a person had the support of an independent mental capacity advocate (IMCA).

The registered manager and deputy manager were the staff members at the service responsible for DoLS applications. Both were trained in the MCA and DoLS. The deputy manager understood the principles of the legislation and actions required for people's care. We looked at five people's care documentation for evidence about consent, capacity, best-interest decisions and DoLS. At our inspection, we found one person was lawfully deprived of their liberty in accordance with a DoLS authorisation. This was in their best interests

and due to 'continuous supervision and control' (the inability to leave of their own volition). We found that for another person who lacked the capacity to decide for themselves about residing at the service, an application for a DoLS authorisation was satisfactorily made. One local authority we contacted confirmed that the registered manager made appropriate applications for DoLS authorisations. The outcomes of DoLS authorisations were also reported to us in line with the relevant regulation.

We found that some people's ability to consent to live at the service was probably impaired. We did not find mental capacity assessments were in place which determined whether the person could consent to decisions for themselves. Therefore, the service may not have considered the person's best interests, and organised a DoLS application.

We recommend that the service reviews people's ability to consent, and where necessary completes mental capacity assessments and makes further DoLS applications.

We asked about the food at the service. A relative told us, "I've never seen a meal I wouldn't eat myself." A care worker told us, "Food is nice here because it's fresh." Where people were at risk of weight loss or choking we found they were provided with fortified meals and drinks. There was also nutritional supplements or thickened drinks and food according to individual needs . Staff told us that a person had fluids thickened to stage one (a syrup consistency). In the care plan, we saw that the speech and language therapist's (SALT) most recent assessment recommended that 'all fluids should be thickened to stage two (custard consistency). We saw that the person had refused to take stage two fluids but would take stage one. Staff were aware of this and able to explain the person's individual right to refuse thicker fluids recommended by the SALT. We also examined the service's ordering and storage of fluid thickeners (powders used to make drinks thicker). We found the storage was correct, in the kitchen. There were three people prescribed fluid thickeners. Each had their own supply. However, one person was no longer using the product and had a high amount of stock stored. We also found one product no longer used. We pointed this out to the deputy manager and another care worker. They were both receptive of our feedback, resolved the matter at our inspection and told us they would contact the local SALT team for further advice.

We found that people had adequate nutrition and hydration. During breakfast and lunch, we saw people attended the dining room and very few chose to stay in their bedroom. Staff attended to people's meals in both settings during the same time frame. We found there was good selection of food and drinks at lunch . The kitchen staff worked with the care workers to ensure people were served appropriately. People's preferences, likes and dislikes for food and drinks were respected. We saw staff offered people alternatives if they did not like what was on the menu. The menu for the day was clearly written on a large whiteboard situated on a wall that people could see. We also heard staff explain to people the meals that were available. Staff encouraged people to eat and drink appropriate amounts to ensure they were not at risk of malnutrition or dehydration.

When we commenced our inspection, we found nine people were in the communal lounges and had their breakfast there. This was a good indication that people were assisted to eat and drink out of bed early in the morning. We sat in the dining room during the lunch service and observed care. We saw staff assisted people who needed help when eating. We saw staff sat down beside people, attended to them individually, helped at a reasonable pace and encouraged people to eat enough. Appropriate protection such as napkins and aprons were provided, to protect people's clothes from food and drink spills.

The clinical commissioning group (CCG) pharmacist told us the service was part of their 'hydration project'. The aim was to ensure people drank high volumes of fluids throughout a 24 period in an attempt to reduce dehydration, urinary tract infections, the use of antibiotics and avoidable hospital admissions. When we

spoke with staff about this they were all aware of the project and knew what the aims and objectives were. The chef also knew their role in the project and we noted that drinks were actively provided to people by staff throughout our entire inspection.

We found a range of healthcare professionals, including members of the care home support team, were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, district nurses, a podiatrist, community mental health nurses (from the 'memory clinic'), a specialist nurse for people with Parkinson's disease and dietitians. The service also liaised with the palliative care team and MacMillan nurses.

A relative told us that they were confident staff would make arrangements for their relative, "If she needs to see the doctor." A GP who was visiting a person at the service told us staff were, "Really good at meeting his holistic needs" and had made contact with the person's relatives overseas. They went on further to say the service was, "Good at communicating and responding".

The deputy manager told us that the district nurse visited the service twice a week. A district nurse also visited daily to administer medicine (an analgesic) via a pump to a person. A district nurse we spoke with at our inspection told us that the service was, "Different to ones I've been to" and that care workers were "delightful". The nurse told us, "I feel comfortable" working with the service and that they were "very rarely called in". People's healthcare needs were appropriately met by the service liaising with community-based professionals.

Good

Is the service caring?

Our findings

People told us that care staff were kind and considerate. A person pointed out a member of staff to us and said, "She's very kind to everybody." When we asked another person if they liked living at the service, the person told us, "I'd let you know if I didn't." A further person told us, "We have a young girl give us our medication at night. She's very good." Another person, who preferred to spend time in their bedroom, told us, "I'm getting on fine. I don't come down very often." When we spoke with a care worker nearby to the person's room they told us, "He likes his privacy."

Relatives also felt Herewards House was a caring service. A relative we spoke with told us, "Since [the person] has been here, she's fine. She's come up (improved) a lot." Reflecting on care workers, the relative told us, "They've all been here a long time." Another relative we spoke with was complimentary about the staff. They stated, "They've all got a smile on their face. They phone up on a regular basis. [The registered manager], he's very good as well. There's nothing they won't do if you ask them. I feel so grateful that my mum's here. I trust them (the service and staff) completely." A further relative told us that their family member was, "...much better with his medicines here" and that the person's "...symptoms are very much under control". The relative added, "Nothing's too much trouble. They remember everything." The relative stated staff were "Very considerate, very kind and caring" and "Jolly, with a very positive outlook. I've never ever felt the place was disorganised. [The registered manager] gave me his mobile number."

A doctor's surgery wrote to us as part of our inspection. They expressed their feedback about the caring nature of the service. The GP wrote, "Lovely nursing home. Staff always ask for visits appropriately and know the patients well. They have good communications with the families and relatives of the clients. We have a good working relationship with them and they are very appropriate. They are all very caring. They maintain regular staff and therefore are well-managed."

It was not always appropriate or feasible to ask people questions regarding their care due to individual needs, including dementia. However, as part of our inspection, we observed people's interactions with care workers and how care was provided. During our inspection, relatives saw us during this process and approached our inspection team to provide feedback to us. A relative told us, "I think the staff are amazing and very caring. They added that their family member was "settled here" and that "I feel perfectly happy. I can phone up any time." When we attempted to speak with one person about their experience at the service, another person told us, "She's lost her memory a bit." However, we were able to observe that people were comfortable.

We saw that staff were kind and considerate in their approach to people. Care workers understood people's needs and knew them well. We noted that care workers on duty on the day of our inspection had worked at the service for a substantial period of time. Relatives also mentioned this when we spoke with them. One care worker told us staff were, "Very kind, very caring and we are a team. We treat them (people) like a family." When we spoke with the staff member further, we found they knew people well and were aware of their social background and former occupation. For example, the carer knew that a person "speaks five languages". This demonstrated that staff had built positive relationships with people they provided support

to.

During our inspection, we saw that staff supported people's privacy and dignity. Staff we spoke with told us they would explain care to be given and seek the person's consent before they commenced. We saw that people had ensuite toilet and washing facilities. Some rooms had full ensuite bathrooms. These facilities supported people's privacy and dignity needs. We found people were neatly dressed, addressed by their preferred names and we saw that the service supported people's independence. For example, a person went out for a walk in the local area for half an hour. Another person told us "You can walk out at the gate if you want. It's a bit cold at the moment."

People's confidential personal records were protected. The office computer used for recording information was password-protected and the system closed if staff were not actively using it. Some paper records of care were maintained, but where these existed they were locked away so that there was restricted access to staff only. Staff records or documents pertaining to the management of the service were also locked away. In some instances, where there was sensitive information, the records were only accessible to the registered manager.

At the time of the inspection, the provider was not registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 (DPA) requires every organisation that processes personal information to register with the ICO unless they are exempt. We wrote to the registered manager about this after our inspection. They confirmed that Herewards House had not registered with the ICO, but that they would ensure this occurred as soon as possible.

We recommend that the service registers with the Information Commissioner's Office to ensure compliance with the provisions set out in the Data Protection Act 1998.

Good

Is the service responsive?

Our findings

We found Herewards House provide personalised care to people who used the service. A care worker we spoke with told us, "We follow the care plan for everybody."

We reviewed five people's care plans. We found they had a clear structure and included relevant information for meeting the person's needs effectively. For example, the care documentation included a pre-admission assessment, and a generic risk assessment on safe handling and mobility. We saw the 'Barthel activities of daily living index' and the 'Bristol activities of daily living assessment' were completed. These are common care planning tools often used in residential care to clearly set out a person's support needs.

Care plan objectives included eating and drinking and communication. We found the care plans reflected individual needs. For example, in a care plan for a person who was prescribed an oral medicine for their diabetes, we read 'In case she refuses, second attempt should be made by another staff member'. This showed staff had considered and documented a contingency for the administration of the person's medicine. We found the staff knew the person may refuse their medicine if offered by particular care workers, but accept it and take it if a different worker was present. This was a good example of how Herewards House ensured that people's care was tailored to specific details about their behaviour or personality.

Daily notes of care provided by staff we read were detailed and relevant. These referred to the care that was given and to the person's wellbeing and mood. We noted that staff did not simply record task-based care, for example that the person ate their meals or had a shower. We found care workers had considered all features of the person they cared for during their shift when they recorded their notes.

We observed a verbal handover between the night care worker and the deputy manager about people's care during the night shift. This was systematic and the night care worker provided relevant details so that the deputy manager (who was in charge for the day shift) had the necessary information to ensure people's care was personalised. The night care worker stated any issues that were experienced during the shift and both staff members spoke about what actions may be necessary to deal with any problems. We heard a couple of examples where the day staff would organise reviews of people or follow up results of tests. Again, this was a good example of how staff ensured important information was passed on to the next group of staff who were on shift to support people.

We saw that care plans were reviewed monthly. We observed that an end of life care plan was in place for a person on palliative care. The care plan was reviewed regularly. We saw that when 'do not attempt cardiopulmonary resuscitation' (DNACPR) orders were in place, these were recorded as having been discussed with either the person or relevant others like relatives. The do not resuscitate orders were specific to Herewards House, were easy to find in the care folder and were all signed off by the people's GPs.

There was an activities schedule at the service. On the day of our inspection, staff did not provide any activities to people. People sat in the communal lounges or stayed in their bedrooms. We saw an activities

plan clearly displayed on the wall in the main entrance of the service. When we asked about whether they went outside of the building, a person told us, "In summer, sometimes they take us out to the river. I can't walk. It's only over the road." The deputy manager explained that the activities coordinator was away on the day of our inspection.

People had the ability to raise concerns or make a complaint about the service to the deputy manager or the registered manager. A person told us, if they were not happy with anything, "The best one to see is the manager or manageress." Another person told us, if they were not happy, "You just tell them (staff) to [go away]." We reviewed compliments, comments and complaints at the service. We saw a thank you card from June 2016 where the person wrote, "Thanks so much for all you have done to care for [my loved one] while she was with you. She greatly enjoyed the support of staff." We also read an email from February 2017 that stated, "You have all been so helpful and the care you provided for mum was outstanding."

We were told that no complaints were received by the service since August 2013. The service had a system in place to deal with complaints. We saw there was basic signage that asked people or relatives to speak with the management team if there were any concerns. We checked national care home review websites and with local stakeholders for feedback about the service. There were no reviews about the service published in the public domain. Stakeholders were able to provide feedback to us about their experience of the service. One wrote, "We hear very little about Herewards. I visited last year a [few times] to carry out assessments...and they appeared to be providing a satisfactory service to their residents. They seem to know who they can provide care for and they resist taking people with higher needs than residential. I have no concerns about them. [The registered manager] seems to run a 'tight ship'. People do seem to like it there." Another stakeholder responded, "They (the service) are very cooperative and always asking questions, which can only be good."

The service ensured that people had access to the information they needed in a way they could understand it and were compliant with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We were told some staff could speak languages other than English. Some staff were fluent in Cantonese, Spanish, French, Hindi, Italian, Punjabi, and Mandarin. People's support plans also included information about how to effectively communicate with them.

Good

Is the service well-led?

Our findings

People, relatives and staff told us the service was well-led. The service had a registered manager who was supported by a deputy manager. Support to people was provided by care workers with the assistance of other staff that worked at the service. A relative told us that staff at the service "get on well" and that "It comes down from the manager. I've had no problems at all." We reviewed responses to the service's quality assurance survey of 2016. We saw the results were positive about the management of the service. Comments from the questionnaire included, "My father is happy", "Excellent care from staff", "Very satisfied with care" and "[The person is] always clean, tidy, happy and content."

We noted a positive workplace culture amongst the staff. Information from multiple sources demonstrated that staff liked to work at Herewards House. This was confirmed by external stakeholders, staff we spoke with, people who used the service, relatives and information sent to us prior to our inspection. We noted from the Provider Information Return (PIR) only one member of staff had left the service in the year leading up to our inspection. Many of the staff explained to us they had worked at the service for long periods of time. When we asked why they liked to work at Herewards House, staff told us they had a supportive deputy manager and registered manager and liked to look after the people who used the service. Staff further commented that there was 'team spirit' and they worked well together for the benefit of people who lived there.

Accidents and incidents that involved people were recorded an acted on. We looked at five injury reports from 2017. We saw all of the necessary details were included about the person, any harm that was sustained and what actions were taken as a result of the incident. We also noted the registered manager had reviewed each report, made notes and signed off each one before filing them. In some instances, the registered manager made recommendations about how to prevent the same instance recurring. Appropriate notifications were sent to us in line with the relevant regulations.

There were times when the service was legally required to notify us of certain events which occurred. When we spoke with the deputy manager, they were able to explain all of the circumstances under which they would send notifications to us. We compared information we already held about the service prior to our inspection with that from other agencies and the service itself. Our records showed that the service sent most required notifications to us. Two company directors resigned from the limited company in September 2016 but the provider failed to send a notification to us about this. We also reviewed the service's statement of purpose. We noted the company directors that had left the limited company were still listed. We did not receive an updated statement of purpose after this occurred. We pointed these issues out to the registered manager after our inspection.

We recommend that the service updates their statement of purpose and sends the necessary statutory notifications, required by the regulations.

'Residents' meetings were held with the management team and staff so people could be provided with information about changes, and so that feedback about the service could be provided. We saw a meeting

was held in June 2017 and looked at the meeting minutes to see what topics were discussed. We saw people were informed of planned activities such as the summer party and other activities, menu choices, health and safety and the importance of drinking enough fluids in hot weather.

Staff meetings were also held between the workers and management team. We looked at the meeting minutes from the March 2017 meeting. We saw items discussed included clinical matters like infection control, managerial items that included leadership and learning, individual people's care and changes and the 'hydration' project with the CCG. When we asked staff at our inspection whether they felt they had the option to provide feedback or make suggestions, they confirmed they did. Staff told us that the registered manager and deputy manager were approachable and that they could be approached any time.

A small number of appropriate audits were completed and documented. We saw these were regularly repeated. Examples of audits included infection control, health and safety, care plans and medicines (by the community pharmacist). Where improvements or changes were required, the registered manager took action to ensure this occurred. The actions were sometimes delegated to other staff members but the management team always ensured they followed up on the outcomes.