

Ms K A Rogers

Coldwells House

Inspection report

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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?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Coldwells House 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.

Coldwells House accommodates up to 41 older people with dementia in one adapted building. The service also provides specialist care for people living with dementia, mental health needs and physical disabilities and older people. There were 39 people living in the home when we inspected.

At the last inspection in January 2016 the service was rated as Good overall, and outstanding in Caring. At this inspection we found the service had improved to Outstanding overall.

Why the service is rated Outstanding.

People consistently received very supportive and compassionate care which they said made it a pleasure to live at the home. People showed us they had developed exceptionally strong bonds with the staff who supported them.

Staff were passionate about providing warm and considerate care. To facilitate this, staff had developed an in-depth knowledge of people's unique histories, interests and communication preferences. Staff skilfully and imaginatively used this knowledge when caring for people; people were empowered to make their own decisions and to enjoy the best well-being possible. Staff were proactive in promoting people's dignity, privacy and independence.

People enjoyed a very wide range of interesting things to do. Staff very thoughtfully devised tailored opportunities for people to creatively express themselves. These were based on people's individual histories and preferences, and built on people's links with the local community. This ensured people were connected with their past, their relationships with people who mattered to them were promoted, and their achievements were celebrated.

Systems supported people to make any complaints they wished to. People and their relatives advised us they would be confident to make any complaints, but had not needed to because the quality of care provided was very good.

We found relatives had been very positive about the compassionate action taken by staff at the end of their family member's lives.

People's care needs were comprehensively and sensitively assessed by staff, who focused on finding solutions to people's complex support needs. Staff were exceptionally skilled at supporting people so they enjoyed an enhanced quality of life.

People highlighted how much they enjoyed their meals, which were pleasurable, social occasions with relatives and staff. People enjoyed improved health because their nutritional and hydration needs were fully met.

There were very good systems for working across staff teams and with external specialists, with clear evidence of people achieving greatly improved physical and mental health. A healthcare professional who regularly visited the home commended staff for their commitment to improving people's health and well-being.

The needs and wishes of people were central to how the home was used. People and their relatives enjoyed using the onsite café and benefited from meeting up in quieter or more lively areas of the home and gardens.

Staff had used discreet symbols to let people know they would be valued for themselves, and their lifestyles would be respected. Staff were proactive in promoting people's freedoms and respected their rights. 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.

People told us they loved living at the home and staff felt very supported. The culture in the home was open, and all staff teams consistently focused on improving and further developing people's care. The management team had developed ways of working across organisations to support staff to provide excellent care, so people's care expectations were exceeded. This reflected the best practice standards used within the home. The registered manager and provider also shared their knowledge with external health and social care providers, so all people in Herefordshire would benefit from initiatives developed in the home to enhance people's health and well-being.

People and their relatives found the management team to be very approachable, and this encouraged people to contribute their suggestions for continually developing the home. These suggestions were listened to so people had an exceptional quality of life. Regular checks were undertaken on the quality of care provided, so the registered manager and provider could be assured people had an excellent level of care.

Staff were available to meet people's needs; people and their relatives highlighted people were always supported by staff who knew them and their safety needs well. People benefited from living in a home where staff understood risk to their safety and knew how to protect people from abuse. Systems had been put in place to promote the safe administration of medicines. Staff told us about the checks undertaken by the management team prior to them coming to work at Coldwell's House. These helped to ensure recruited staff were suitable to work with people living at the home.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The service was safe.

People's individual risks were understood by staff and staff took people's risks into account in the way they cared for them.

Staff understood how to raise any concerns they had for people's well-being. There was enough staff to meet people's care and safety needs.

People received their medicines safely and as prescribed.

Effective systems were in place to reduce the risk of infections.

Is the service effective?

Good ●

The service was effective.

People's needs were very sensitively and comprehensively assessed by staff, and provided the basis for people's care.

People received exemplary care to promote their health. Staff worked very effectively across different organisations and lead on local health initiatives.

Staff were proactive in ensuring people had enough to eat and drink, so they would enjoy the best nutritional health possible.

Staff used the skills they had been supported to develop when caring for people, so people received very good care.

People benefited from living in a home where the design and adaptation of the building met their needs.

Staff worked to promote people's rights and freedoms.

Is the service caring?

Outstanding ☆

The service was very caring.

People had developed very strong bonds with the staff who cared for them and this empowered people to express their views about their care.

People's decisions about the care they wanted were listened to and facilitated by staff.

Staff supported people sensitively, and promoted people's rights to respect, dignity and independence.

Is the service responsive?

The service was very responsive.

People received support skilfully tailored by staff to meet their unique needs, preferences and interests and people's achievements were celebrated. People and their relatives were actively encouraged to decide with staff what care they wanted, and how they wanted this to be given.

People were confident action would be taken if they raised any complaints about the care they received.

Staff had received many compliments from relatives, highlighted how well people were supported at the end of their lives.

Outstanding ☆

Is the service well-led?

The service was very well led.

People lived in a home where there was a culture of openness and a focus on encouraging people to contribute to developing the care provided.

The management team strove to continue to cultivate and share good practice with the other organisations.

Staff shared the management team's vision for providing excellent care.

Very effective systems for working with other professionals and checks on the quality of care ensured improvements to the service were driven through.

Outstanding ☆

Coldwells 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.

This comprehensive inspection started on 15 November 2018 and was completed on 16 November 2018. On 15 November 2018 the inspection was unannounced. The inspection team on 15 November consisted of one inspector, an assistant inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspector returned to the home on 16 November 2018 to complete our inspection.

Prior to this inspection, we reviewed information we held about the service such as notifications. These are events which happen in the service the provider is required to tell us about. We also considered the last inspection report and information which had been sent to us by other agencies. We also contacted commissioners who had a contract with the service, and Healthwatch. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During the inspection, we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 11 people who used the service and 16 relatives, to gain their views about the service provided. We spoke with the provider's representative, five care staff, an activities co-ordinator, a member of the house keeping staff, the chef and a member of the laundry staff. We also spoke with one health and social care professional who supported people living at the home.

We looked at the care records of three people who used the service and the management of medicines and a range of records relating to the running of the service. These included checks undertaken by the registered manager and provider, complaints and compliments, feedback from people and their relatives and meeting records.

Is the service safe?

Our findings

People were positive about the way they were supported to stay safe. One person told us, "I'm relaxed and I feel extremely safe". Another person told us staff always encouraged them to use the equipment they needed, for example, to reduce the risk of falling. Relatives were confident the staff maintained their family members' safety. One relative told us, "[Person's name] has picked up no end since she's been here. It's so nice knowing she is safe."

Staff understood risks to people's safety and told us they received guidance from senior staff to help people to remain as safe as possible. The provider continued to undertake recruitment checks prior to staff being employed. This helped to ensure people were supported by staff who were experienced and suitable to care for vulnerable adults.

People and their relatives were confident if there were any safety or well-being concerns these would be addressed by senior staff. Two staff members gave us examples of actions they had taken to promote people's safety. The staff members told us they could rely on support from senior staff to keep people safe and protect people, when this was required.

People's safety needs were reflected in their individual risk assessments and care plans. These provided staff with the information and guidance to reduce people's risks. For example, promoting skin health, anxiety, sensory and mobility needs.

There were suitable numbers of staff to care for people. One person told us they had been provided with a buzzer, so they could call for staff, if needed. The person told us, "I never need to use it, because the [staff] are always in and out checking I am ok." Relatives highlighted staffing levels were always good.

Staff were available to meet people's safety needs and reassure them when needed. We saw staff were quick to offer support and reassurance to people, and promptly assisted them when they wanted any help. Staff communication was effective in promoting people's well-being. This assured people received the correct support from external professionals when needed.

People received their prescribed medicines safely. One person told us, "[Staff are] as good as gold with my medication." Relatives told us regular reviews of people's medicines led to a reduction in the amount of medicines administered. This was positive for people living at the home.

Trained staff administered medicines and their competency had been regularly checked. Senior staff and the registered manager frequently checked people's medicines, so they could be assured these were given as prescribed. People's medicines were securely stored and disposed of. Records showed us staff had sought guidance from people's GP's to help to promote the safe dispensing of medicines.

There were effective systems in place to ensure people were protected from the risks of infection. One person told us rooms were regularly deep cleaned and said, "[Staff] do it properly and pull the furniture out."

Staff told us they had the resources required to support the reduction of risks of infection. Where risks of infection were heightened, the provider was proactive in reducing the risk. For example, by ensuring suitable flooring was in place. Regular checks were undertaken by the registered manager and housekeeping staff, so they could be assured the risk of infections were reduced.

Where there had been any concerns for people's safety and well-being this was investigated, and learning taken. People's wellbeing was discussed at the end of each shift. In addition, the register manager regularly discussed systems for promoting people's safety at team meetings, so people would remain as safe as possible. Other organisations with responsibility for helping to keep people safe were consulted. The provider's representative explained this approach had helped to secure a reduction in the number of falls people were experiencing at the home.

Is the service effective?

Our findings

Staff skilfully considered people's needs prior to them coming to live at the home and maximised opportunities for people to benefit from moving to Coldwells House. People and their relatives highlighted their wishes and goals were central to assessment processes. One relative told us their family member had been asked to leave their previous home because their behaviour was challenging. The relative told us staff had sensitively used their assessment process to identify the cause of their family member's anxiety. Coldwells House staff provided opportunities linked to the person's interests and history for them to be successfully involved in life at the home, from the moment they moved in. The person's anxiety had dramatically reduced, their creativity was recognised and they enjoyed an enhanced sense of well-being.

Staff told us the approach to assessing people's needs ensured they could promptly provide the individual care people wanted. One staff member said, "We know them [people] straight away." The provider's representative gave us examples of times they had been invited to share their good practice in relation to assessment processes with other providers, so more people would benefit from care which was based on an accurate picture of their needs.

Records showed us staff had worked extensively with people, their relatives and other health and social care professionals to pinpoint people's needs and to identify how people's care could be further developed. This ensured staff anticipated the care people may want and supported people to feel quickly settled and valued.

People highlighted how well they were supported to enjoy the best health possible. One person said, "Staff are quick to call the GP, if I am not very well." Relatives gave us examples of improvements in people's health and well-being because of the care provided by staff. One relative told us, "[Person's name] has had phenomenal support with their health care. Staff understood [person's name] did not want to go to hospital. Staff worked to keep them here, where they wanted to be. They got well, thanks to this."

One health and social care professional was very complimentary about the way staff supported people to manage their health. They told us, "They [staff] know residents' health needs well. They have been proactive in managing residents' health needs and this has led to a reduction in hospital admissions. I genuinely think they are outstanding, they are so proactive."

The provider had a positive approach to promoting people's health. We saw the provider had built exceptionally good relationships with other health and social care professionals, so people were promptly supported to access the healthcare they needed. The provider had paid for additional specialist health advice, so people would enjoy excellent health. For example, advice from postural stability instructors. This resulted in people improving their core strength and a reduced number of falls in the service. The provider also effectively assisted one person to walk unaided after significant improvements linked to this.

One staff member told us, "District nurses and carers work together. We are there as well, to support the residents, it means they are less anxious." We found staff understood the health needs of the individual

people they cared for, and acted if they had any concerns for people's health and well-being. This made sure people maintained a very good level of health.

People and their relatives told us staff knew how to help them. One relative told us they knew staff must be well-trained and supported because, "Staff are doing a good job." Another relative said, "They [staff] skilfully handle situations and supported [person's name] nicely."

Staff told us they were supported to provide good care to people through training linked to the needs of the people they cared for. This included training to support people to celebrate their lifestyle choices. One staff member said, "There's good support and training, and this makes this the best home I have worked in, because residents get the care they need."

The provider had worked proactively to put the structures and resources required in place to ensure people's dietary preferences and needs were met. There was a commitment to providing exceptionally good food which meant the use of nutritional supplements was kept to a minimum. People told us mealtimes were enjoyable and social occasions. One person told us, "We've got two very good cooks, and they read out the day's menu to me." This helped them to decide what they would like to choose to eat at each meal. Another person told us they enjoyed the independence of making their own drinks in their room. Two relatives told us their family members had gained the weight they needed to remain healthy, because the food was appetising and staff encouraged their family members to eat well. One relative told us, "Before [person's name] came here, she had previously lost a lot of weight. Now she is doing well."

The chef told us they were supported to provide excellent nutritional care to people through regular nutritional meetings and specialist training. This had supported people on soft food and other specialist diets to enjoy their dining experiences and promoted better nutritional outcomes for people.

We saw people smiled and chatted to each other and staff whilst dining. People's mealtimes were not rushed. Staff frequently offered people drinks to people and encouraged them to have enough to drink so they would remain hydrated and well.

People liked being able to choose which area of the home and garden to spend their time in. One relative told us, "[Person's name] can use the space in the home to her advantage. They can use their wheelchair across the whole building and socialise the whole way." Another relative said, "[Person's name] loves spending time in the [on-site] café and meeting up with us and friends there."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.

Is the service caring?

Our findings

The service continued to focus on working with people so their individual histories, goals and wishes were known and responded to. This approach to caring for people was embedded across ancillary, care and management teams, who were passionate about providing a supportive and loving environment for people living at Coldwells House.

People and their relatives were exceptionally positive about the bonds which had developed between people and the staff caring for them. One person told us, "It's lovely to feel wanted [by staff]." People felt staff instinctively understood their unique histories and preferences. Staff were extremely committed to providing tender and supportive care, so people flourished and were fulfilled.

Relatives consistently told us how much their family members valued their relationships with the staff. One relative told us, "If I need care I would come here. It's the staff; they take time to get to know residents." Another relative told us because of the way their family member was cared for by staff, their family member had said, 'I might not remember things, but I am happy in the moment.'

A health and social care professional who regularly visited the home told us because of the way staff cared for people living at Coldwells House, "It's a fantastic home, staff are incredibly caring." The health and social care professional explained staff knew people well, and this helped to foster exceptionally good relationships between people and the staff who supported them.

Staff told us they were supported to provide exceptional care to people through the resources and systems the registered manager and provider had put in place to support them. One relative gave us an example of the support their family member had received based on their family member's previous volunteering interests. The relative highlighted this had helped their family member to connect with their past. A staff member told us, "It was lovely to see [person's name] happy and engaged when we did this."

We saw people smiling when they chatted to staff. People's laughter and interest in the staff supporting them showed us they highly valued their relationships with staff. Staff spoke with compassion and warmth to people, and showed their affection for the people they cared for. For example, staff understood which people liked a hug to reassure them. Staff appreciated other people preferred to sit quietly with support from staff, if they were anxious. We saw people were reassured as they wished throughout the inspection.

People living at Coldwells House experienced unexpected moments of happiness in the home daily, which staff helped them to celebrate. For example, staff asked if one person would like to play the piano. We saw people reciprocated by singing along. We saw how positive it made people feel as staff took time to applaud people's achievements and enhance people's day.

We saw staff nurtured relationships between people living at the home, so people would enjoy each other's company. One person told us, "They [staff] fetch me when I want to socialise – they don't forget me." Relatives emphasised how important these relationships had become. One relative told us, "[Person's

name] has made friends here. Before they moved here they were isolated." The provider's representative had provided specific support, in conjunction with an external specialist, so one person could continue to enjoy a relationship which was particularly important to them.

People were encouraged to maintain their autonomy and were regularly supported to decide what care they wanted. For example, people were asked if they would like a specific gender of staff to support them with intimate care. People decided where they wanted to eat their meals, and how they wished to spend their time.

One relative highlighted how passionately staff worked with people to overcome people's mobility and sensory needs. The relative emphasised this ensured their family member's choices were realised. Another relative said their family member was exceptionally well supported to make their own choices. The relative said, "Staff give [person's name] time to communicate. It's good they are asked what they want, and it shows [person's name] she is loved by the staff."

We saw where people were not able to verbally communicate their decisions, they were shown objects to choose from, so staff could be sure people were making their own choices. People showed us the trusting, caring relationships developed with staff empowered them to make their own decisions.

Staff spoke respectfully to the people they cared for. One person told us they felt respected because staff listened to them and acknowledged areas of care they could do for themselves. One relative told us, "The way staff speak to [person's name] and their patience and politeness is amazing."

We saw all members of the staff teams respected people's right to dignity, privacy and confidentiality. Staff consistently checked people agreed for staff and visitors to enter their rooms. Where people wanted help with intimate care, staff did this discreetly.

Records showed us staff were guided to embed good practice in relation to people's rights to dignity, independence and respect through dignity meetings. We saw the importance of maintaining private and confidential information was reflected on at the meetings and people's records were securely stored.

Is the service responsive?

Our findings

The service was very person-centred and staff had an exceptional understanding of people's individual needs. The registered manager and provider were committed to ensuring people's well-being was enhanced through opportunities to do things they enjoyed, both at Coldwells House and in the local community. For some people, this meant trying new fun things to do. Other people enjoyed the familiarity of attending clubs and social events outside the home which had always been important to them, with support from staff.

One person told us, "There's masses of entertainment, so much we'd never fit any more in." The person went on to say they sometimes chose to go on trips to local garden centres, or to visit a local children's nursery. They told us, "This is a regular event and we all enjoy it." Another person said, "We have our own choir. It's better than Gareth Malone's, and we're going to sing at Christmas at Holmer Hall."

People's activities were engaging and meaningful and tailored to meet their individual preferences. One relative told us, "Staff seem to keep [person's name] really stimulated and occupied. The activities staff said we could tailor his care to his [former job], and they did this, which he loved." Another relative explained their family member had dedicated a large part of their life to volunteering for the British Legion. The relative told us, "It meant so much to [Person's name] that staff took the time and trouble to support them to carry on doing this."

Staff were passionate about ensuring people were empowered to guide them, through regular meetings, so they would have opportunities to do things they enjoyed. One staff member said, "It's our job to facilitate residents doing these things." Records showed us people's suggestions were listened to. For example, one person had requested poetry readings, which they really enjoyed. We saw staff had responded to this request.

Staff worked creatively and tirelessly, with a flexible approach to supporting people, so people's unique aspirations would be met. One person enthusiastically showed us their 'Life Book', which reminded them of the breadth of activities they had been supported to enjoy. The Life Book evidenced staff had supported them to keep in touch with their friends, which was very important to them. One relative highlighted extra staffing and specialist transport had been arranged to support their family member when they spent time out in the community. This was required as their family member had risks associated with their mobility.

We saw people were supported in the ways they preferred at the time they wanted. We found people took pleasure in using a range of interesting items, such as books, magazines, puzzles and sensory objects so they would be fulfilled and enjoy an increased well-being.

People had been instrumental in deciding what care people wanted, and in planning this with support from their relatives, and staff where this was appropriate. For example, people told us their involvement in their care planning supported them to maintain their links with faith groups, as they wished. Relatives highlighted their family member's care plans reflected how they liked to live their daily lives and helped them to achieve the best well-being possible as their family member's needs changed. One relative told us because staff full

involved their family member in planning their care, "[Person's name] can still be mum."

Staff members were deeply involved in contributing to care planning. One staff member said, "We know our residents. We talk to them and their families. We are always asking, have there been any changes? Do we need to do anything differently?" As part of this process, staff had considered if people would benefit from specific support with their communication needs. We saw information was available to people in line with Accessible Information Standards.

We saw staff were supported to promptly adjust the care planned for people through effective communication and information technology system put in place by the registered manager and provider's representative. Staff reflected on people's needs with honesty, passion and empathy. People's care plans had been regularly reviewed. This ensured people received exemplary care.

People and their relatives were encouraged to raise any concerns or complaints. None of the people or relatives had wanted to make any complaints, as they considered the level of care to be very good. We saw systems were in place to promote and respond to and learn from any complaints, should these be made.

Staff knew the importance of providing good care to people at the end of their lives. One staff member said, "We have special care plans when residents are approaching their end of life. We do this so we know how they want to be cared for. It means people get their wishes." Another staff member highlighted how staff worked with other health and social care organisations. The staff member explained this had led to such substantial improvements in one person's health and well-being that they were no longer in immediate need of end of life support.

We saw many compliments had been received from relatives whose family members had experienced sensitive and consistently excellent care at the end of their lives. These compliments highlighted how well their family members had been looked after by the staff and how supportive staff had been to relatives. One staff member told us, "[Registered manager's name] always text us staff, after we have lost someone, as she knows staff grieve for them too, not just their families ."

Is the service well-led?

Our findings

A registered manager was in post at the time of our inspection. 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 was not available during our inspection, so we spoke with the provider's representative and senior staff.

Throughout the inspection, we saw senior and wider staff teams work together extremely well to focus on the safety, wishes and well-being of the people living at the home. Staff shared the management team's commitment to providing excellent care, based on valuing people as individuals, and told us the management team's vision for this was clearly communicated to them.

The culture of putting people's individual needs at the heart of how the service was led was reflected in staff training and support, person centered care planning, and mirrored in the discreet signage showing people their lifestyles and ages would be celebrated.

For example, one staff member showed us the photographs used to decorate the hairdressing salon. The staff member said, "We couldn't find any photographs which showed people who were the same age as our residents. So, we decided to ask residents if they would like to take part in a photo shoot." People enjoyed the experience and this showed how the registered manager and provider's representative had considered the value of involving people in developing and enhancing their home.

People and relatives spoke extremely positively about the staff and the management team. Relatives gave us examples of the imaginative ways staff worked so people would continue to enjoy life and contribute to the running of the home. This included encouraging people to take ownership of the in-house newsletter. This also helped people to recognise their own skills. People and their relatives told us people enjoyed an enhanced sense of well-being because of this. People and relatives found the registered manager was very approachable, and spent time checking people had the care they wanted. One person told us, "[Registered manager's name] is easy to talk to and she's always about."

Relatives highlighted there was good communication from the management team, and described the culture at the home as open. One relative said, "[Staff] are good at keeping in touch with you. I have a high degree of confidence in the care. This is to do with the management and leadership, and this goes through all the staff. If anything needs doing they are on to it. It's such a caring environment here." Another relative told us, "Staff aren't afraid to try new things. If they don't work, they change them."

A further relative said senior staff had a, "Can do", approach to managing their family member's care. The relative explained senior staff had found ways to remove any barriers to their family member maintaining their relationships with their relative, through tailored celebrations of events which were important to them. A staff member we spoke with also reflected this approach was embedded into the way the home was run. The staff member said, "I can't speak highly enough of [Registered manager's name]. She has such vision

and if you suggest something, she says 'Go ahead, just try it.'"

Staff were supported to provide excellent care to people through initiatives introduced by the management team and provider. Three members of staff highlighted the provider had put resources in place so they could obtain advice based on best practice standards when supporting people to maintain relationships which were important to them. This had led to improved well-being for people living at the home.

The provider had made a considerable investment in staff training, anticipating the changing needs of people who may come to live at the home in the future. As part of this process, the registered manager had worked with other local community organisations. One staff member explained how this investment and the structures of support in place had helped them to prepare them well for their first role in care, and had led to permanent employment. This approach to investing in staff, so people would receive excellent care, was reflected in positive comments made by other staff members.

The provider's representative gave examples of sharing best practice with other health and social care providers, so people in receipt of social care in Herefordshire could benefit from better health outcomes and to strive for a reduction in hospital admissions

People, their relatives and staff told us the management team were highly pro-active in seeking their views on life at the home, and how this could be developed further. One person told us they regularly attended residents' meetings and were encouraged to make suggestions about how they would like the home to be run. The person said they looked forward to these meetings, as staff used these to try out new activities, and to gain people's views on them.

Relatives were confident if they made any suggestions for developing the home further their views would be listened to. One staff member said because people's views were central to how the home was managed, people were happy and fulfilled.

The provider's representative gave us an example of changes which had been introduced because of feedback previously provided by people and their relatives. The provider's representative told us, "We want to break some myths. We want residents to know and feel deciding to move to a home can be a positive choice, and a nice period in your life. The amount of person centred activities we have introduced reflects this, and we make sure we have an action plan so things happen."

Staff consistently told us they enjoyed their work, and Coldwells House was a great place to work. They told us they felt supported by the management team and received regular supervision. Three staff members highlighted the systems for them to acquire the skills they needed to care for people, coupled with the structures put in place to promote good working with other organisations, supported them to provide excellent care.

One member of staff told us about the joint meetings across different shifts. The staff member said, "There's no divides. Day and night staff meet regularly. We as staff are encouraged to add to the agendas. [Registered manager's name] always thanks us for the good work we have done." Another staff member said, "I am proud to work here because the residents are happy, and we provide really good care. I would big this place up."

People and their relatives told us the management team spent time checking the quality of care provided met or exceeded their expectations. Staff told us, and we saw, process were in place to support them to reflect on their practice, so the service would continually improve and any lessons would be learnt. The

registered manager and provider's representative regularly checked if people's care needs were met. This included the safety of medicines and support people received to maintain their health and well-being.