Silverfield Care Management

Hallgarth Care Home

Inspection report

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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

Overall summary

The inspection of Hallgarth Care Home took place on Tuesday 11 November 2014 and it was unannounced. We last inspected the service in May 2013 when we found there was a breach of regulation 12 on cleanliness and infection control. In September 2013 the provider had improved in this area. Audits had been carried out, cleaning schedules completed (the shower chair was clean) and hoist slings stored safely. There was no longer a breach of regulation 12.

The service provided care for 45 older people and younger adults, some of whom may have had a dementia related condition. There were single occupancy bedrooms, some with en-suite toilet. Bathrooms were shared. There was a large dining room and two lounges with small sitting areas in other parts of the building. At the time of our visit there were 43 people using the service.

It was a requirement of registration that this type of service had a registered manager in post. There was a registered manager in post who had been registered and working at Hallgarth for the past six years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People we spoke with told us they felt safe living at Hallgarth and that staff treated them well. Staff had good knowledge of how to keep people safe because of training in safeguarding people from harm. There were systems in place to ensure any concerns or allegations of harm were investigated by the local authority safeguarding team.

Risks to people were well managed, the premises were well maintained and there were emergency plans available to staff should a crisis arise.

Staffing levels were determined by people's needs and staff were deployed to meet people's needs based on when people required the most help. Staff were safely recruited in line with regulation 21. People received their medication safely because management of medicines was safe.

We found that staff were trained to provide the care people needed. Staff were regularly supervised, supported to provide the best care their skills would allow and rewarded for their performance. They understood the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards when these applied to the people they cared for.

Staff knew the importance of obtaining consent from people to support them and they had knowledge of people's nutritional requirements, choices and needs. People's health care needs were effectively understood, monitored and addressed when required. There was effective communication between the organisation and the registered manager and between the registered manager and staff.

The registered manager expected staff to have and demonstrate caring values in their daily work. People and relatives told us staff were kind and caring. We observed staff approaching people professionally but compassionately and they were sensitive to people's demeanour.

Care plans contained the information staff needed to support people well. People had been assessed and plans had been put in place to tell staff how best to support them. This was in the way people chose and wanted to be supported.

We saw that activities were facilitated by staff and enjoyed by people that used the service.

Complaints were positively addressed. People told us they could speak up any time about anything and were confident they would be listened to and their concerns would be resolved.

We found there was an open and pro-active culture within the service, based on a need to learn from mistakes and improve on performance. The registered manager led by example and instilled values in the staff that put people's welfare at the forefront of the service.

Opportunities were taken by the management to seek people, relative and staff views about the service. These views were quality monitored, assessed, analysed and used to inform future improvements in practice and care delivery.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were protected by systems in place to manage safeguarding concerns, staff were trained in protecting people from abuse and there were emergency plans and whistle blowing procedures in place.

People had their concerns, complaints, accidents and incidents addressed and resolved.

There were sufficient staff on duty to meet people's needs and people received their medication safely.

Good

Is the service effective?
The service was effective.

People were cared for and supported by trained and knowledgeable staff, who were well supported by the management team. Communication within the service was effective and so people's needs were understood and met.

The principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were understood and followed, so people's rights were upheld.

People were given the nutrition they required to maintain their health and the premises and equipment were suitable to meet their individual needs.

Good

Is the service caring?
The service was caring.

People told us the staff were kind and considerate and we observed staff approaching people professionally but compassionately. People's wellbeing was at the forefront of care practice.

People's privacy and dignity were upheld wherever possible and people told us they were encouraged to be independent.

Good

Is the service responsive?
The service was responsive.

People were cared for according to their care plans. Their individuality was taken into consideration when meeting their needs and they were offered activities that they could relate to.

People used a complaint system that was responsive in a timely manner and resolved their concerns. People benefitted from cooperation between the service and other organisations that had an interest in their welfare.

Good

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

People experienced an open, inclusive and pro-active culture of care. The registered manager and staff followed a vision and values that put people at the forefront of service delivery.

Good

Summary of findings

Service delivery was monitored, quality assured and improved by seeking people's views and acting on them.

Hallgarth Care Home

Detailed findings

Background to this inspection

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

This inspection took place on Tuesday 11 November 2014 and was unannounced.

The inspection team comprised of a lead inspector, a second 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 expert-by-experience for this inspection had experience in dementia care.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider, information we had received from the local authority who commissioned a service from the home and information from health and social care professionals. These professionals included a pharmacist, an optician, a district nurse and a community nurse. All comments made were positive and in support of the care they had observed. Comments spoke of a highly 'well led' service. There were no concerns identified by the local authority and all notifications we received showed the service operated professionally.

We also requested a 'provider information return' (PIR) from the registered provider, which was returned to us in good time. The PIR 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.

At the last inspection on 2 May 2013 we found that the service had not met the regulation on infection control, but had met all of the other regulations we inspected. When we followed this up on 1 October 2013 we found that the home met the regulation on infection control.

On the day of the inspection we spoke with six people who lived at the home, six relatives or friends, five members of staff (including three care staff, one senior care staff and the deputy manager) and the registered manager.

We spent time observing the interaction between people who lived at the home, relatives and staff. We did not use the Short Observational Framework for Inspection (SOFI) because almost all of people that used the service were able to talk with us. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at all areas of the home, including bedrooms (with people's permission) and office accommodation. We also spent time looking at records, which included the care records for five people who lived at the home, staff recruitment and training records for four care staff and records relating to the management of the home.

Is the service safe?

Our findings

The PIR we received from the provider told us that safeguarding and whistle blowing information and systems were promoted and followed via staff training and meetings. It told us that risk assessments were in place to ensure people's and staff individual and collective safety. It told us that staffing levels were determined according to people's assessed needs. It gave us no information about management of medication. It stated policies and procedures underpinned all areas of care to ensure people's safety.

When we inspected the service we assessed that it was safe. People were protected from the risks of abuse, because systems in place and care provided to people met the requirements of regulation.

Staff had received training in 'safeguarding adults from abuse' and they were knowledgeable about the types and signs and symptoms of abuse and the relevant reporting procedures. People were protected from harm because staff knew their responsibilities to keep them safe. One safeguarding concern had been raised in the last year, of which we had been notified. This had been investigated by the local authority safeguarding team and the registered manager told us the concern had arisen because of human error. The investigation had also concluded this. Staff concerned had learned from the mistake and measures were in place to ensure the mistake was not repeated.

People we spoke with told us they were happy with the service they received and they felt safe living at Hallgarth. One person told us, "Yes, I feel safe. My family thought the home was in a nice spot." Another person said, "The home is most secure," and "All the time I have been here I have never known such kindness."

Risk assessments had been undertaken to ensure any risks to the person using the service and the staff supporting them were well managed. These included generic environmental risks and risks associated with people's individual and personal care and health care needs. For example we saw risk assessments for people on falls, skin integrity, mobility, use of the hoist, nutrition, bathing and going out. This ensured people were protected from harmful risks.

We saw that the premises were well maintained and safe. Checks on the fire safety system, gas and electric supplies and equipment had been carried out regularly. In October 2014 service checks on the fire system had identified a need for some remedial work which was almost completed and awaiting a new safety certificate. We saw an up to date fire risk assessment and people's individual 'personal emergency evacuation plans' which had been reviewed in July 2014.

External gas safety, electrical portable appliance and passenger lift testing and maintenance certificates were all seen to be up to date for 2014. Mobility and bath hoisting equipment were maintained six monthly and we saw the last service reports for January and July 2014. We saw that an employed handyperson carried out internal checks on fire safety, water outlet temperatures, window safety and other features of the premises. All of this provided a safe environment for people to live in.

Contingency or emergency plans were in place for fire and electrical or heating failure and copies were found in each care office or the registered manager's office. There were contact lists for electrical, heating and lift engineers, GPs and for taxis in case temporary accommodation at a sister-service was required. This meant people would be safe in the event of an unforeseen emergency.

Staff were aware of the whistle blowing policy and procedure and felt confident they would use it. They said there had been no concerns raised for whistle blowing to take place. Staff told us they could approach the registered manager regarding anything at all and were confident the registered manager would address all issues. The registered manager told us that accidents and incidents were monitored, action was taken to prevent them arising again and lessons were always learned so that improvements in practice could be made. We saw records of accidents including action taken, which showed how learning had been implemented to prevent them happening again. People were protected by staff that addressed concerns and learned from mistakes.

Staffing levels were determined according to people's needs and adjusted when changes in need increased. This had happened recently to increase staffing at two identified busy times of the day. Rosters were clear and compiled monthly by the registered manager. Staff requests were taken into consideration, but their skills and competences were also balanced to ensure the right mix

Is the service safe?

and numbers of staff were available to meet people's needs. The registered manager had the view that looking after staff was a sure way of obtaining the best performance from them.

People and relatives we spoke with told us there were sufficient staff around to support people with their needs. One person said, "There is enough staff though I would like my wardrobe sorting out and staff are a bit busy." Another person said, "There are sufficient staff but sometimes staff are sick" and "Night time can be a bit pushed." Other people said "The staff are always here for me," "Staff look after me well" and "Staff work hard." They also said, "Staffing is alright if fully staffed, but they struggle if staff are sick." The registered manager told us that gaps in the roster were always covered. People had their needs met by sufficient numbers of staff to support them.

The registered manager told us they tried to recruit staff with National Vocational Qualifications in Care at level 2 and 3 or equivalent. They used thorough procedures to ensure staff were right for the job. They ensured job applications were completed, references taken and Disclosure and Barring Service checks carried out before staff started working. We saw this was the case in three of the four staff recruitment files we looked at, but one staff had worked before a second reference had been received. However, we saw they had worked under full supervision for the first two weeks by which time the reference had been received. People were cared for by carefully recruited and selected staff.

There were systems in place to manage medicines safely. Only senior staff trained to give people their medicines did so. Medicine record forms contained clear details of when and how medicines were to be given and they had been completed accurately by staff. One visitor said when they had taken their relative out for the day staff had given them medication for their relative to take at the appointed time. No other comments were made about receiving medication. Controlled drugs (required to be stored and accounted for in a particular way under the Misuse of Drugs Regulations 2001) were appropriately managed. We observed staff managing medicines safely and people received their medicines safely.

Is the service effective?

Our findings

The PIR we received from the provider told us that monitoring systems were in place to ensure best practice in care, staff training and knowledge was kept up-to-date and communication and joint working (internally and with other organisations) was good. The PIR did not tell us about care practice using the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS), and consent or eating and drinking.

When we inspected the service we assessed that it was effective. People's needs were met because staff were trained and supervised well and the principles of the MCA were understood and upheld. Staff obtained people's consent to care and people experienced good support with nutrition. This meant people's health and welfare were monitored.

The registered manager told us that 95% of all staff had completed the company's mandatory training. This included a minimum of three days training on fire safety, health and safety, moving and handling, MCA, safeguarding adults from abuse, infection control and food hygiene. A fourth day was set aside for external training in first aid and basic cardio-pulmonary resuscitation. A yearly training plan was followed which we saw for April 2014 to March 2015. Included on the plan were end of life care, nutrition and hydration, responding positively to behaviour in dementia and providing therapeutic activities. We saw from staff training records held that staff had completed the mandatory training. People were cared for by skilled and competent staff.

We saw in staff files that staff had completed an induction, were supervised regularly and their practice was appraised to develop best practice. Supervision was organised on a cascade system: each month the registered manager supervised the deputy, who supervised senior staff, who supervised care staff. The rule was that if a staff member had not received supervision by the time six weeks had passed they were to inform their supervisor. If no supervision by the time eight weeks had passed they were to inform the registered manager. Records were kept up-to-date. People were cared for by staff that were well supported.

The Care Quality Commission monitors the operation of DoLS which applies to care homes. DoLS are part of the MCA legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected.

The registered manager told us that there had been no 'best interest' (BI) meetings held using the MCA because no one had been unable to make decisions. (A BI meeting is a multi-agency meeting where attendees make a decision on behalf of a person and in their best interest when they have been assessed as unable to make it themselves.) No one was the subject of a DoLS order, but the registered manager had recently completed DoLS training and was fully aware that certain people that lived at Hallgarth might be candidates for an application under this code of practice and was looking into it. Staff told us they had completed training in MCA and understood its principles. People's rights were upheld because of this.

Staff were aware of the importance of obtaining consent from people before they supported them with care. We observed staff asking people about the care and support they required and we heard people giving their consent. We heard people making decisions and requests for support. We noted that staff could have waited a while longer for a response from five or six people that were not as quick to process information and respond. People were autonomous in their daily lives.

People told us they were satisfied with the meals provided. People said, "The food's quite good and I get enough to eat", "There isn't always a choice", "We have a drink machine-water one" and "The drinks trolley comes around." Other people said, "The food is super", "Lovely soups and omelettes", "No qualms" and "Grapefruit and cereals in the morning, which I've asked for. Staff will get anything for me". People also said, "Food is very good", "There are choices", "We get good meals" and "The food is usually quite good." People told us there were two hot choices at lunch and three hot choices at night, with drinks in the morning and afternoon and a jug of juice.

When people required assistance with nutrition and hydration staff provided it sensitively and patiently, so people ate their food in a relaxed and unhurried atmosphere. People's care files contained nutritional risk assessments, intake, output and weight monitoring charts. We saw one person had lost 10kg over a period of six months but had been referred to a dietician and due to

Is the service effective?

illness was admitted to hospital. They had regained their lost weight on recovery and were back to their original weight. The registered manager explained this person's loss of weight had been entirely due to illness. They told us nutrition was always carefully monitored.

We observed interaction between people and staff during lunch and heard staff offering support. Staff asked if a person would like their meat cut up for them. This was done when they told the staff they did. Staff offered people a choice of two dishes and whether they wanted gravy on their meal. One person requested the vegetables be taken off their plate. If small portions were requested they were given to people and if extra servings were asked for people received them. People experienced good opportunities to eat well and stay healthy.

One person asked to go back to bed as they did not feel well. Staff took them and asked if they would like to take a sandwich with them as they had not eaten anything. People who did eat looked like they enjoyed their meal. Staff took time to ask if people were feeling ill when they did not eat well and either a lighter meal or a dessert was offered. People's changing health needs were effectively met.

Care files told us about people's health care needs. They told us what physical or emotional medical conditions people had: Parkinson's disease, diabetes, stroke, ulcerated leg or depression. They told us about the medication people were prescribed and details about any treatment they required. They contained records of health care professional visits and appointments at or admissions to hospital. We saw that files contained blank or completed 'patient passports' depending on whether the person they belonged to had capacity and communication or not. Patient passports are documents containing information for health staff on how best to support a person with no communication should they require admission to hospital. People's health and wellbeing was monitored and health needs were met with support from appropriate healthcare professionals.

Staff expressed the view that communication between shifts was very good. They also expressed confidence in the management team across the company listening to their views and acting on them if people that used the service would benefit.

Is the service caring?

Our findings

The PIR we received from the provider told us that new staff were on a six month probationary period to ensure they had the right values for the job. People that used the service, relatives and staff were asked their opinions of the new staff before they were offered a permanent contract. The PIR told us it was important to include relatives in people's care provision. There were opportunities for staff to experience 'a day in the life of a resident' so as to aid staff understanding and empathy.

When we inspected the service we assessed that it was caring.

The registered manager told us they expected staff to achieve particular values so that people were treated with respect, their privacy and dignity were respected and their rights were upheld. They said staff following these values was what underpinned the service provision at Hallgarth. People were treated as individuals.

Staff approached people that used the service professionally, but with care and respect. We saw that people looked well cared for, clean and suitably clothed. Their hair and general appearance was well looked after. Gentlemen were clean shaven and many ladies wore jewellery which aided people's self-esteem.

When asked if staff had the right approach and were caring when supporting them people said, "Yes, staff are caring and do all they have to do", "Everyone is caring", "The staff are absolutely great. I have no complaints", "I think they (staff) are pretty good" and "Yes, I don't notice any animosity. The night staff are very good too". One person said, "It is immaculately clean here, the food's good and the staff are lovely."

Relatives were asked if people received individualised care. They said, "All members of staff know (the person's) needs", "Yes, (the person) likes and has done some baking and made cards" and "Yes, it was amazing, in no time at all they all knew (the person)." People's needs were well known by the staff team. One relative told us, "Staff are very caring, always check on (the person) and see that they are comfortable."

When asked if staff encouraged independence and allowed people time with their care they said, "Yes I think so. Staff take me to the shops and bank", "I am registered blind and yes staff do encourage me to do what I can, but there are some things I can't do myself" and "Oh yes I do lots for myself". Relatives were asked about independence and they said, "I think staff encourage my relative to do things themselves, but they are strong willed anyway", "My relative is unable to do anything for themselves", "(The person) feeds herself" and "(The person) helps staff such a lot." People were independent.

Two people were asked if they were involved and supported with planning and making decisions about their care and treatment. They said, "I think so, but don't feel I need to be" and "I needed some extra grippers in my bedroom en-suite and the registered manager arranged for them to be fitted."

People were asked if staff maintained their privacy and dignity. They told us "Staff help me once a week to have a bath, but they respect my privacy", "My dignity is preserved when I have a shower, but staff make sure I am clean", "Yes they do when I am in the shower", "I manage to go in the shower on my own but there is always somebody there if I need them" and "They (staff) do (respect my privacy), and they are quite used to caring so I don't' feel embarrassed."

Relatives were asked if privacy and dignity were maintained and three of them simply confirmed they thought it was. Others said, "I think so. (The person) hadn't wanted a young man looking after her and so they got her a female" and "As far as I know, yes." People's privacy and dignity were respected.

When asked if people felt the staff knew about and understood their needs people said, "Yes they do. They are good", "They are lovely and I have no complaints", "Yes all the time" and "Staff fully understand my needs."

During lunch one person was asked if they needed support with eating and accepted the help. Other people also received support with their nutritional intake. Drinks were plentiful throughout the day: tea, coffee, orange juice and water. People were asked if they had finished with their plates before staff removed them and some people were encouraged to eat a little more to aid their nutrition. People chatted and smiled with each other and enjoyed their lunch. There were eight staff members serving food and looking after people and they were all considerate of people's needs.

Is the service caring?

We observed staff assisting people with mobility needs: using the sling hoist to transfer from chair to wheelchair and walking with aids. Staff gave people clear instructions on what they were going to do, they sought consent and cooperation and reassured people they were safe.

Staff checked on people that had chosen to stay in their bedrooms throughout the day and showed concern for those that felt unwell or had poor appetite. We heard ancillary staff conversing with people to pass the time and saw the administrator helping people with letters. Relationships were friendly but business-like.

Staff told us they found working at Hallgarth to be a very rewarding experience. They talked about commitment to respecting people's privacy and dignity, enabling people to be independent and helping them to maintain their health and welfare. What they talked about corroborated the registered manager's information and what people told us themselves.

The registered manager told us that everyone at Hallgarth was able to represent themselves or their family assisted them with decisions, so advocacy services were not used.

The registered manager told us that there were no people receiving 'end of life' care at the moment and so staff were not providing this. Staff confirmed they had completed training in 'end of life' care.

Is the service responsive?

Our findings

The PIR we received from the provider told us about pre and post admission assessments, individual person-centred care plans, reviews of care, activities and how complaints were addressed.

When we inspected the service we assessed that it was responsive to people's needs.

Care files contained person centred care plans. There were referral forms to the NHS for people that had experienced falls, assessments of need and instructions on individual's wishes for food choices, socialising, handling their finances, arrangements on death and advocacy support. Risk assessments were in place and these were reviewed each month along with care plans. Files contained pen-pictures and life histories: one person had loved to socialise and dance in their younger days and another had owned their own picture painting and printing business. Activities were advertised on the notice board and facilitated to enable the dancer to keep dancing and the painter to maintain their talent. People were enabled to continue with the lives they led before moving into the service, if they wished.

Routines of daily living were individually planned for including personal care, nutritional intake, mobility and continence. Other needs: social, emotional and psychological were also planned for within care plans. People's mental capacity was assessed if the registered manager believed there was doubt about their ability to make decisions. We were told that only four people from 42 had a recognised mental incapacity diagnosis related to the condition of dementia. People were enabled to lead individual lives and to reach their potential.

Where possible people were encouraged to get ready for the day, leave their bedrooms behind and join in with interests and pastimes in the lounges or dining room, but a small number of people chose to remain in their rooms. An even smaller number of people found it more comfortable to be cared for in bed. Whatever people's choice they were helped to exercise it so that they behaved in a way that they wished to.

We saw staff assisting with activities and pastimes. One of two employed activities coordinators was facilitating activities on the day we inspected. People enjoyed a quiz and an exercise session, which combined use of physical exercise with reminiscence. There was lively chatter and laughter throughout the day. Those people engaging in activities had their need for company and entertainment met.

On the subject of activities people said, "I'll have a go if I am around and I do go on occasional outings. We went to the 'sister' home in Driffield. It was nice there", "I always go to the quiz", "I like bingo and my son and daughter take me out" and "I sometimes join in with the quiz and painting sessions." One person said activities happened more when the service was fully staffed.

A visiting hairdresser was dressing people's hair, a chiropodist was providing foot care and there were many visitors at the property spending time with their relatives. One person had their tapestries displayed on the wall in a corridor and another was regularly visited by family with their pet dogs. People had been encouraged to personalise their bedrooms with small items of furniture, pictures and ornaments. People were given a good sense of self-esteem because of these things.

When we asked people about making complaints and having them resolved four of them said, "I would tell the registered manager or the deputy, but I've never needed to. I've been quite happy". One person said they had asked to change rooms once as access in their electric wheelchair wasn't easy. They said the registered manager had arranged for them to have a different room. Another person had mentioned that food was served on cold plates so that it got cold quickly. The registered manager told them he would look in to this and the issue was still being looked at. People were asked, if they mentioned a concern to staff would they listen and put things right? They said, "I don't know, they do listen, but I've not had any concerns" and "I reckon they would, yes." People understood the opportunities to make complaints or concerns known.

Relatives told us, "I know how to complain or express concerns, but have not needed to yet", "I have approached the registered manager once or twice about lack of baths, but this has been resolved", "I would speak to a care staff and I am also on the residents committee, so I could mention problems there" and "I would approach the registered manager, though I've never had to yet."

Is the service responsive?

Records held in the service showed there had been one complaint since 2008, which had been satisfactorily addressed and resolved. Documentation was detailed and there was evidence that people would have their complaint listened to and resolved.

We discussed with the registered manager cooperating with other organisations and services. They told us that generally the service had a good relationship with other parties interested in people's care and during the years they had been managing at Hallgarth there had only been one health care service they had experienced issues with. The registered manager and registered managers of two other care services, with similar problems, had taken proactive steps to try to resolve these. This was on-going, so an outcome had yet to be reached.

Is the service well-led?

Our findings

The PIR we received from the provider told us there was an open, positive, learning and 'no blame' culture at Hallgarth. It told us that high standards were expected from staff, who were treated fairly and consistently; leadership was 'democratic' and based on mutual respect. It said audits, policies and risk assessments were in place and reviewed regularly. It said feedback was sought from people, relatives and staff through meetings, committees and surveys.

When we inspected the service we assessed it was well led.

People we spoke with told us they had not been asked for their views about their care and how the service was run through the use of a satisfaction survey. They told us they had given their views in meetings held and via the care review system. They all said, "I've never done a survey", but one person said "I am on the resident's committee and people can pass issues through me if they wish."

Two visitors said about satisfaction surveys that they had never been asked to complete one, but two others said "My sister has one to fill in" and "I have one at home presently to be filled in." Staff told us that people were given satisfaction surveys to complete on a yearly basis.

When asked if people felt the home was well managed, and if registered managers and staff were always looking for ways to improve the service, people said, "Yes, the staff never stop", "I have no complaints", "Staff take me out when they can, which is what matters to me", "I think it is (well run), definitely" and "Yes, I think it (the service) is well managed."

Visitors told us they felt there was a positive culture at the home, and they could approach staff or the registered manager and get a positive response. They said, "I haven't had the need to complain", "The first time I have spoken to the registered manager was today as my relative is new (so unsure)", "Yes, everyone is approachable", "Most of the people think it is very good here" and "Yes, the place is well run."

We found after discussing culture and quality of care with the staff and registered manager that there was very good leadership within the service. Staff told us they had confidence in the management team and could approach the registered manager about concerns, with whistle blowing and with ideas they may have. They said, "The registered manager understands the job, asks how we are, asks us to complete a task instead of ordering us and appreciates it when staff work hard", "The registered manager has been lovely, a good registered manager and a good leader" and "The registered manager is on the ball and shares their learning with us. They support us well through supervision and appraisal. With them (the registered manager) it is always a two way process."

We saw evidence of audits completed to assess the quality of the service. These included checks on medication, health and nutrition monitoring, care plans, staff support and development, infection control and health and safety matters. We saw evidence in the form of meeting minutes that people and relatives held their own meetings without staff interference (a resident and a relative committee were in place). Staff also held separate meetings. All views were taken into consideration and people and staff gave us examples of when action had been taken to make improvements. These were also reflected in the minutes and included ensuring dinner plates were warmed before food was served, purchasing a new toaster, requesting continence equipment be emptied in the appropriate place and instruction to staff to address everyone's needs, not just those people they had been assigned to care for.

We saw in meeting minutes that items were followed through to subsequent meetings to show how they were addressed. People's meeting minutes for April 2014 showed that everyone had been issued with a satisfaction survey titled 'Living at Hallgarth'. It stated, "It is important to us that your experience at Hallgarth is a positive one." Returned surveys had been analysed and used as part of the services strategy for improvement. Staff also confirmed when we spoke with them that surveys were used to seek peoples' views.

We were told by the registered manager and staff there was a progressive way of providing staff with experiential training. This allowed for all staff (starting with the registered manager) to experience how it might feel being a person living in and using the service for a day. The registered manager told us their experience of denying themselves communication and mobility for a day and being assisted by staff with needs had been a rather lonely

Is the service well-led?

one. None of the staff we spoke with had had such a day yet, but they considered it a very useful and informative means of learning to aid understanding and to give them a sense of empathy.

We observed that staff already had the approach of providing empathetic care to people that used the service. Staff exercised patience, compassion and kindness. People were cared for effectively so that their needs were met, and this approach began at the top of the service with the registered manager and the deputy who made it clear to staff what was expected of them. We saw that people actually experienced all of the support and activity that the registered manager and staff proclaimed the service provided. We saw that people were lively and self-determined.

For example one person told us they were free to do as they wished in their room as their wishes were fully respected. They had made the decisions to sit quietly surrounded by their own furniture and possessions with the radio on. Another person frequently went out alone into the village, eight or nine people joined in with an activity, people's comfort was checked regularly by the staff and everyone we saw looked clean, well groomed and occupied. People cared for in their bedrooms either rested in bed or sat out of bed listening to music and watching television. They received full support with their nutrition. Everyone, whatever their care need, received care and attention that gave them a sense of wellbeing, positive self-esteem and purpose in life.

The registered manager told us that they expected staff to achieve certain caring values and to demonstrate these at all times otherwise they did not remain in their post beyond the probationary period. We saw that the registered manager encouraged and enabled staff to achieve this way of working through good leadership, supervision, appraisal and clear guidance. Every aspect of the service was well organised. The environment was well managed, clean and safe, record keeping was clear and accurate and care practice was based on current best practice taken from the National Institute for Health and Care Excellence with regard to care for the elderly and those with dementia related conditions. The registered manager led the staff and managed the service extremely well, so that people experienced optimum care and support.