

Willow View Care Limited

# Willow View 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 ●

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 15 and 26 March 2016. The staff and provider did not know that we would be visiting.

Willow View Care Home is registered to provide accommodation for up to 35 older people who may or may not be living with a dementia. The home has two floors. All of the bedrooms had en suite facilities. There are a range of lounges, dining rooms, and a small room where people could sit and read. Willow View Care Home also had the benefit of an enclosed landscaped garden. At the time of our inspection there were 34 people living at the home.

There was a registered manager in post since the home opened two years ago and the new registered provider took over the operation of the home in April 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were happy and felt safe. Visiting professionals commented that people's level of functioning had dramatically improved since being admitted to the home. People had regained their confidence and ability to walk and be as independent as possible. Their risks were managed effectively and they felt confident that they would receive support of the staff when needed.

We found that a range of stimulating and engaging activities were provided at the home. There were enough staff to support people undertake activities in the community. Staff also volunteered to take people out for the day shopping and visiting local tourist attractions. People were supported to recognise the impact any memory loss had upon their ability to go out independently and they told us that they needed staff support.

People's care plans were tailored for them as individuals and created with their, their family and social worker's involvement. People were cared for by staff that knew them really well and understood how to support them. We observed that staff had developed very positive relationships with the people who used the service. The interactions between people and staff were jovial and supportive. Staff were kind and respectful; we saw that they were aware of how to respect people's privacy and dignity. Staff also sensitively supported people to deal with their personal care needs.

Staff were very well supported and had the benefit of a programme of training that enabled them to ensure they could provide the best possible care and support. Staff lived the values of the registered provider and put people at the heart of everything they did. Staff were all clear that they worked as a team and for the benefit of the people living at Willow View Care Home. Their comments and feedback fed into the continuous improvement of the service.

The registered manager investigated even the smallest concern. We saw that they thoroughly looked at the

concern and took prompt action to resolve them. They freely admitted where they had made mistakes and were very open and honest with people who raised issues.

The registered manager and staff had a clear understanding of safeguarding. They had recently identified and actively supported someone to deal with difficulties posed by someone visiting them. The registered manager also spoke with the safeguarding team at all stages and regularly checked that they were taking appropriate action to deal with any concerns.

People who used the service and the staff we spoke with told us that there were enough staff on duty to meet people's needs. The registered provider and registered manager had closely considered people's needs and for the 35 people using the service there was two senior carers and four care staff were on duty during the day and one senior carer and three care staff on duty overnight. The registered manager found that staff were team players and if there was ever a shortage staff provided the cover. This had meant that they had never needed to use agency staff.

Staff received a wide range of training, which covered mandatory courses such as fire safety as well as condition specific training such as dementia care.

Where people had difficulty making decisions we saw that staff gently worked with them to work out what they felt was best. Staff understood the requirements of the Mental Capacity Act 2005 and had appropriately requested Deprivation of Liberty Safeguard (DoLS) authorisations.

We reviewed the systems for the management of medicines and found that people received their medicines safely. Medicines were closely managed and this ensured people received their medication exactly as prescribed.

People told us they were offered plenty to eat and we observed staff to assist individuals to have sufficient healthy food and drinks to ensure that their nutritional needs were met. A generous catering budget was provided and the cook told us this was because the registered provider expected that people ate restaurant quality food. The cook also provided a range of fortified meals for people who needed extra calories to ensure they maintained their weight.

People were supported to manage their weight and nutritional needs. The home had been selected to be part of a pilot being run by local dieticians. The staff had regular contact with the dieticians and sent them weekly weights so that prompt action could be taken when needed, which had led to people's regaining weight. The staff also took prompt action to support people manage excess weight gain.

People were supported to maintain good health and the local GP practice visited each week to complete a 'ward round' style review of people. If people were well and did not need GP input when they visited the doctors would review the individual's medication. The staff also had close links with the speech and language therapists, community nurses, the falls team, physiotherapists and occupational therapists. These clinicians spoke highly of the staff and the effective working relationship they had with the team.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

The registered manager had nominated their two apprentices for awards and both had won in their category. One of the apprentices had won the apprentice of the year award and had this presented to them

by the local Mayor. The registered manager also encouraged excellence within the home and valued the team by celebrating staff achievements.

The service had a strong leadership presence with a registered manager who had a clear vision about the direction of the service. They were committed and passionate about the people they supported and were constantly looking for ways to improve. Thorough and frequent quality assurance processes and audits ensured that all care and support was delivered in the safest and most effective way possible. The registered manager actively sought review from external agencies. The pharmacists, infection control nurses, environmental health officers, fire authority and commissioners had completed audits that showed a high compliance rate and a number of these scored 100% in all areas checked.

## 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.

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to senior staff.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

People's risks were monitored and managed appropriately with the least restrictive option always considered

People lived in a clean and well maintained home with environmental risks managed appropriately.

People's medicines were managed safely and audited regularly

### Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

Staff felt supported by their colleagues and the registered manager and staff worked as a team.

People's consent was sought at all times. Staff followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty.

People were provided with a choice of nutritious food.

People's on-going healthcare needs were managed and monitored effectively, working with healthcare professionals in the community.

### Is the service caring?

Good ●

The service was caring.

Staff knew people really well and used this knowledge to care for them and support them in achieving their goals.

People felt listened to and their views were taken into account and helped to shape the service.

Staff were considerate of people's feeling at all times and always treated people with the greatest respect and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were produced, which identified how to meet each person's needs. These plans were tailored to meet each person's individual requirements and reviewed on a regular basis.

We saw people were encouraged and supported to take part in activities a wide range of activities. People routinely went on outings to the local community.

The people we spoke with were aware of how to make a complaint or raise a concern. They told us they had no concerns but were confident if they did these would be looked into and reviewed in a timely way.

### Is the service well-led?

Good ●

The service was well-led.

People benefitted from a service which had a strong management team. The registered manager was always looking for ways to improve.

The values of the registered provider and registered manager were consistently demonstrated by the staff in their interactions with people and with each other.

People's views were sought and acted upon. Relatives' views were sought. Feedback from them showed they found the service to be exceptionally well-run and staff to be extremely caring.

Robust and frequent quality assurance processes ensured the safety, high quality and effectiveness of the service.

External reviews consistently found the home to providing a high

standard of care.

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# Willow View 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 was planned to check whether the registered 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.

An adult social care inspector completed this unannounced inspection of Willow View care home on 15 and 26 March 2016.

We received and reviewed a registered provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we also reviewed all the information we held about the home. This information included the statutory notifications that the provider had sent to the Care Quality Commission and reports from local authority contract monitoring visits and the fire Authority.

During the visit we spoke with 11 people who used the service and five relatives. We also looked at the written feedback from 12 visitors. We spoke with three health care professionals that have had regular contact with the service. We also spoke with the registered manager, deputy manager, two senior carers, three care assistants, an apprentice and the cook.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We looked around the service and went into some people's bedrooms, all of the bathrooms and the communal areas. We observed how staff engaged with people during activities.

We looked at three people's care records, five recruitment records and the staff training records, as well as records relating to the management of the service. We were also given documents relating to people's views of the home, policies, training and the business plan.



# Is the service safe?

## Our findings

We asked people who used the service and relatives what they thought about the home and staff. People told us they were very pleased to be living at the home and that the level of care had exceeded their expectations. Relatives told us that they found staff effectively cared for their relative and were very kind. They told us that they thought the staff provided care that met people's needs and kept individuals safe.

People said "The staff are superb and I can't fault one of them." And, "They staff make me feel at ease and have given me the confidence to more for myself." And, "We have it really good here. It's not like a care but one big family."

Relatives said, "We find that the staff are very attentive and really we feel treated like family." And, "They are great and nothing is too much for them to do."

Written feedback from relatives we saw recorded their views as "My relative looks fresh faced and has a big smile on his face and we know he is well looked after. This is peace of mind for us. Lovely and clean and most of all the staff are caring, friendly and so helpful."

People who were identified to be at risk had appropriate plans of care in place such as plans for ensuring action was taken to manage pressure area care. Charts were used to document change of position and food and hydration were clearly and accurately maintained. The records reflected the care that we observed being given. This meant people were protected against the risk of harm because the registered provider had suitable arrangements in place. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis.

Staff were able to clearly outline the steps they would take if they felt they witnessed abuse and we found these were in line with expected practice. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would report any incident to senior managers and they knew how to take it further if need be. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures. Staff said, "I would report any inappropriate behaviour towards any one of our people. They are like family to us."

The registered manager and deputy manager were strong advocates for people and ensured people were protected. Recently they had picked up from small cues a person had given that the behaviour of visitors was inappropriate. Through close working with this person they found that a crime had potentially been committed by the visitors and supported the individual to bring this to the attention of the police.

We found information about people's needs had been used to determine the number of staff that could meet people's needs. Through our observations, review of the rotas and discussions with people and staff members, we found that there were enough staff with the right experience and training to meet the needs of the people who used the service. Two senior carers and four care staff member were on duty during the day and one senior carers and three care staff were on duty overnight. In addition to this the registered manager

and deputy manager provided cover during the week. They also provided on-call cover and we heard that they were available at all hours of the day and night. They would come in to cover the home if a member of staff needed to take someone to hospital. Also additional support staff were on duty during the day such as activity coordinators, an administrator, catering, domestic and laundry staff. The domestic staff were also trained to provide care and acted as another resource if this was needed.

We looked at the recruitment records for four staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw evidence to show they had attended interview and obtained information from referees. A Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with vulnerable adults.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff could clearly articulate what they needed to do in the event of a fire or medical emergency. Staff were also able to explain how they would record incidents and accidents. A qualified first aider was on duty throughout the 24 hour period.

Accidents and incidents were managed appropriately. The registered manager discussed how they were analysed incidents to determine trends. They outlined how they had used this to assist them to look at staff deployment, which had led to reduction in accidents. We saw that where accidents had occurred they had been fully recorded and appropriate remedial action taken.

All areas we observed were very clean and had a pleasant odour. The infection control nurse had recently completed their review of the service compliance with infection control requirements and scored the home at 100% for compliance with the standards.

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. Ample stocks of cleaning material was available. We saw that the domestic staff had access to all the necessary control of substances hazardous to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We also found that fire drills were completed every six months for day staff and every three months for night staff and refresher training was undertaken annually. This frequency was in line with that required in the fire regulations.

We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and the portable appliance testing (PAT) were scheduled to be tested. The registered provider had taken appropriate steps to protect people who used the service against the risks

of unsafe or unsuitable premises.

We found that there were appropriate arrangements in place for obtaining medicines, checking these on receipt into the home and storing them. We looked through the medication administration records (MAR's), all the medicines had been administered and recorded correctly. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. The deputy manager had introduced a technique for assisting staff correctly administer medication. Staff colour coded the administration times to the colour of the blister packs. They also used yellow MAR for warfarin so that staff were alerted to any changes in the dosage of this medication.

Adequate stocks of medicines were securely maintained to allow continuity of treatment. The deputy manager ensured that over-ordering never occurred and that returns were completed on a timely basis. They worked closely with the GPs and pharmacist to make sure there was always sufficient medication available and no one ever ran short. Information was available in both the medicine folder and people's care records, which informed staff about each person's protocols for their 'as required' medicine. All staff who administered medicines had been trained and completed regular competency checks to ensure they were able to safely handle medicines.

The registered manager requested the pharmacist complete routine audits and all scored very high marks for compliance with the last one gaining 100% compliance. Also the local Clinical Commissioning Group pharmacist had visited in March 2016 and found that the home met their requirements and there were no areas of concern.

# Is the service effective?

## Our findings

At this inspection the people and relatives we spoke with told us they thought the staff were good and had ability to provide a service, which met their needs. All of the people we spoke with told us they had confidence in the staff's abilities to provide good care and believed that the home delivered an excellent service.

People said, "The staff really consider us important and we never have to wait long, in fact the girls seem to be here straight away." And "There are always enough staff." And, "If I want to go out to the shops I need someone to go with me as I'm not too good out and about. I have never found it a problem or had to wait as staff will always make themselves available to go with me."

Relatives said, "The staff picked up on the smallest changes in my relatives needs and get the doctor in straight away. They always let me know what is happening." And "The staff really take an interest in my relative and have very good understanding of their needs."

Written feedback from relatives we saw recorded their views as "My dad is always saying how good the food is and he gets a choice at every meal." And "Excellent service, staff caring and supportive, offering food and drink constantly, helpful and friendly, atmosphere of home brilliant. I would recommend this home to anyone."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager.

We found that the staff had a very good understanding of the Mental Capacity Act 2005 (MCA) and what actions they would need to take to ensure the home adhered to the code of practice. The care records we reviewed contained assessments of the person's capacity to make decisions. We found that in line with the MCA code of practice assessments were only completed when evidence suggested a person might lack capacity. Care records also described the efforts that had been made to establish the least restrictive

environment.

When people had been assessed as being unable to make complex decisions there were records to confirm that discussions had taken place with the person's family, external health and social work professionals and senior members of staff. This showed any decisions made on the person's behalf were done after consideration of what would be in their best interests. Best interest decisions were clearly recorded in relation to care and support, finance, administering medicines and going out amongst others.

At the time of the inspection, we found that where appropriate people were subject to a Deprivation of Liberty Safeguards (DoLS) order. Staff we spoke with had a good understanding of DoLS and why they needed to seek these authorisations. We found that they had recognised that people may have disabilities but were able to retain the capacity to make decisions about their care. The registered manager also kept a record of when the DoLS expired and were aware they may need to do further assessments and re-apply for another authorisation. The registered manager and staff were aware of the person's right to contest the DoLS and apply to the Court of Protection for a review of this order.

The local supervisory body's team had commended staff for the manner they had completed the DoLS authorisation applications. This team had then used anonymised form completed by the staff at Willow View care home as examples of best practice in their training.

We spoke with two people who were not subject to DoLS authorisations and found these people were fully aware of their need to live in this type of service and that they needed the support from staff to complete everyday tasks.

All the staff we spoke with told us that they were supported in accessing a variety of training and learning opportunities. All the staff we spoke with were able to list a variety of training that they had received over the last year such as moving and handling, infection control, meeting people's nutritional needs and safeguarding. Staff told us they felt able to approach the management team if they felt they had additional training needs and were confident that the manager would facilitate this additional training. The staff told us that the area manager completed face-to-face training and they found this clearly explained the topic being discussed.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. We confirmed that all of the staff had also completed refresher training.

We saw that staff who had recently commenced work at the home had completed an in-depth induction programme when they were recruited. This had included reviewing the service's policies and procedures and shadowing more experienced staff. The registered manager had recently obtained access to the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. No new starters had commenced work since this certificate had been obtained but the registered manager explained as refresher training they were going to ask all of the staff to complete this award.

Staff we spoke with during the inspection told us they had regularly received supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff on each anniversary date of commencing work at the home. We saw records to confirm that supervision and appraisal had taken place. The registered manager ensured that staff received supervision every two

months and also routinely completed competency checks.

The written records of the people using the service reflected that the staff had a good knowledge and understanding of people's care needs. We saw that the assessment forms were completed for people and these provided a comprehensive range of information about individual's needs.

One of the local GP practices completed a weekly 'ward round' style visit to the home. At this visit they met any of the people registered with the practice who staff had concerns about and reviewed medication. Staff used the service effectively to assist people address any concerns but also ensured if the person could not wait for the weekly round that they were seen by the doctor in a prompt manner. We found that the staff had formed good relationships with all the local doctors. People were seen when concerns arose and attended regular appointments. We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

The district nurses commented "We work closely with staff in wound care but promoting all aspects of healing such as leg elevation and encouraging daily showering. From this partnership we have had many successful results with wounds healed in minimal time providing maximum benefit. All areas of district nursing within the home are seamless due to the organised structures within the home in areas such as medication keeping and re-ordering; contact between GPs, nurses, the people and home staff. We hope to carry on developing our work with the home and providing an excellent service."

We saw that MUST tools, which are used to monitor whether people's weight were within healthy ranges were being accurately completed. The home had been selected by the local dieticians to complete a nutritional pilot. Each week the staff submitted people's weights to the dieticians who then worked closely with the home to ensure people's weight was managed. The pilot had led to quicker referrals to speech and language therapists as well as people being enabled to effectively manage their weight.

People received appropriate assistance to eat in both the dining room and in their own rooms. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. People told us that staff went out of their way to match people with similar interests at meal times and this made sure they enjoyed amicable conversation over the meal. People were offered choices in the meal and staff knew people's personal likes and dislikes. People also had the opportunity to eat at other times.

The cook told us that the registered provider gave them a very ample budget and this was much better than the ones they had in other care homes. They explained that the registered provider expected food to be of a high quality. That the registered provider had told them they would not expect the food to be of a lesser standard that they would eat in a restaurant. The cook told us their expenditure was never questioned and this freedom had allowed them to ensure the food was made using fresh products and home-cooked. People told us the food was wonderful.

# Is the service caring?

## Our findings

The people we spoke with said they were happy with the care provided at the home. They told us that staff respected them and were considerate. People found that all of the staff were kind. Relatives told us they thought the care being received was very good.

People said "They are all gentle and kind. They don't rush me and I find this considerate approach so helpful, as it makes me feel like my feelings are important to the staff." And, "I can't think of anything they could do to make the home any better. The staff really go out of their way and every one of them is extremely kind."

Relatives said, "Staff in here are excellent and we always get a warm welcome. We come here often and always find the staff are kind and caring to everyone." And, "People are always treated with respect." And "They treat my relative like family."

Written feedback from relatives we saw recorded their views as "Excellent service, staff caring and supportive, offering food and drink constantly, helpful and friendly, atmosphere of home is brilliant." And, "I would like to highly commend the manager and her staff team for the excellent way they have helped my dad settle into the home so quickly and the kind words that they use to describe him ... They always show respect but also have a sense of humour in the way they communicate to my dad and us, which goes a long way in making the home an ideal choice for him." And, "She was treated as she was 'their mother' and not a resident in a care home."

Every member of staff that we observed used a caring and compassionate approach when working with the people who used the service. Staff we spoke with described with great passion their desire to deliver high quality support for people and were extremely empathetic. We found the staff were warm and friendly. All of the staff talked about the ethos of the home being to place the people who used the service at the centre of the service.

The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

The staff we spoke with explained how they maintained the privacy and dignity of the people that they care for and told us that this was a fundamental part of their role. One care staff member said, "The people are at the centre of what we do and why we are here. We want to make sure they get the best quality care possible." Another member of staff said, "We always give personal care in the bedroom or in the bathroom and we lock the door." We saw that staff knocked on people's bedroom doors and waited to be invited in before opening the door.

People were seen to be given opportunities to make decisions and choices during the day, for example,

what activities to join and we saw that one person routinely went out and about as and when they pleased. The care plans also included information about personal choices such as whether someone preferred a shower or bath. The care staff told us they accessed the care plans to find information about each individual and always ensured that they took the time to read the care plans of new people.

People we spoke with felt that they were important and that their views were considered and taken on board. One person said "The staff do truly listen to our opinions and are always checking that we are happy with what is going on. I feel like we are the centre of their world. It is truly lovely here." People attended regular meetings where they could give their opinions and feedback.

The environment was designed to support people's privacy and dignity. People's bedrooms had personal items within them. All the bedrooms we went into contained personal items that belonged to the person such as photographs, pictures (both wall mounted and displayed on surfaces), furniture and lamps.



## Is the service responsive?

### Our findings

People were provided with care and support that was tailored to meet their specific needs. The visiting DoLS assessor commented that since person they were reviewing had moved to the home they had seen a significant improvement in their well-being. They found that this person's skills had improved and they were now far more able to express their views. The DoLS assessor felt the improvement was directly attributable to the way the staff worked with this person.

We saw that staff promptly responded to any indications that people were experiencing problems or their care needs had changed. The staff discussed the action the team took when people's needs changed to make sure they did everything they could to make the home a supportive environment and ensure wherever possible the placement still met people's needs.

We found the care records were well-written. They clearly detailed each person's needs and were very informative. As people's needs changed their assessments were updated, as were the support plans and risk assessments. During the inspection we spoke with staff who were extremely knowledgeable about the support that people received. They could readily outline what support plans were in place and the goals of each plan. The people we spoke with told us they found that the staff made sure the home worked to meet their individual needs and to reach their goals.

We saw that people were engaged in a variety of activities. From our discussion with the staff and people we found that the activities were tailored to each person. People told us the range of activities they enjoyed and we heard about a recent music workshop an entertainer had run. This had involved people and staff being given instruments and working together to form a band. People had found it a very enjoyable experience as the staff had joined in and they all had a great laugh trying to make something that sounded pleasant. We saw photographs from the event and could see that everyone was laughing and smiling.

People told us that these types of activities were always going on and if external entertainers or the activity coordinator was not in the staff were always doing activities. They told us that the staff would spontaneously break into song and dance. Over the weekend we heard they had been making Easter bonnets and people told us they often went to the local shops.

People said, "The activities are good fun and staff always trying to make each day special." And, "We are never bored here and all the staff are thinking up new ways to entertain us."

Relatives said, "You always get a warm welcome and there never seems to be a dull moment."

Written feedback from relatives we saw recorded their views as "They chat daily about football and even have football fixture sheets so they are kept updated on who is playing who." And, "We were asked about her family, working life, pets, and life so that they could chat to her about her life."

Staff were able to explain what to do if they received a complaint but commented that they rarely received

complaints. The registered manager showed us the complaints policy which was in the office on all floors. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action.

We spoke with relatives and people who used the service who told us that if they were unhappy they would not hesitate in speaking with the registered manager. They told us although they had not needed to make a formal complaint but any little niggles they had were addressed straight away and this gave them confidence that any problems would be resolved.

We saw that one formal complaint had been made in the last two years and this was in relation to the payment of fees. The registered manager had thoroughly investigated all of the issues the person had raised and found at the time they left the home following a respite stay they had formally recorded how satisfied they were with the care and the home. The local authority was looking at this matter as the charging of fees is a matter for them and not the care home.

The registered manager had recorded all concerns that had been raised such as the misspelling of a name. They had thoroughly investigated and resolved each of these concerns and used the information as learning and a means to improve the service. When errors had been made the registered manager was very honest and apologised. They ensured this did not occur again.

## Is the service well-led?

### Our findings

The people and relatives we spoke with were extremely complimentary about the home and how it was run. People told us that they felt that their needs were paramount and this was the constant focus of the home. They told us that home did not feel like a care home and they all worked together as one team. People told us there was not an us and them divide and the culture of the home was very person-centred.

People said, "It is exceptional and the manager runs an excellent service." And, "There are absolutely no faults here. The staff treat you like their own and do genuinely run around making sure we are alright." And, "I can't commend them enough." And "The care is excellent in fact everything is excellent."

Relatives said, "This is not your typical care home it is run purely for the benefit of the people and not one of those places where staff go 'it would be nice if there were no people here'. I can't fault it."

Written feedback from relatives we saw recorded their views as "I can't praise this care home enough. As soon as we walked through the main door we are so welcomed by the manager." And "Staff brilliant, 10 out of 10, would definitely recommend it." And "The home is very well-run."

The home had the benefit of strong, focused leadership. The registered manager was supported by a deputy manager and there were also two senior carers on each shift. The registered manager said that they had an excellent relationship with the management team and staff in the home and that they were all comfortable about being able to challenge each other's practice as needed. A relative told us "I can't fault the manager she really cares about everybody who lives there and her staff". A member of staff said "She is always looking for ways we could do even better". During the inspection the registered manager continuously demonstrated her in-depth knowledge of each person living there and her staff team. Any question we asked was met with detailed information.

Staff told us the registered manager truly valued them as well as the people using the service. We heard that the registered manager had nominated two apprentices for awards run by their placement organisers. Both had won an award and one had won the apprentice of the year prize. The registered manager told us they ran secret Santa competitions whereby a staff member was nominated to receive a £60 prize for their dedication and hard-work. Staff also told us that the registered manager was approachable had supported them to have a work and home life balance which had meant they could meet their carer-responsibilities at home. All the staff found that they were respected and this made them eager to come to work and deliver a high standard of care.

The registered manager said they were extremely well supported by the registered provider and area manager. They told us that the registered provider gave them the autonomy to operate the home and never had problems providing additional staffing or buying items they needed. The registered manager told us they had regular supervisions with the area manager and these looked at areas for development and any associated personal development plans were discussed.

Staff told us the registered manager practiced what they preached and would not think twice about delivering personal care or covering the shifts, and was an integral part of the team. All of the staff we spoke with felt valued and respected by the management team. They told us the home was a wonderful environment, and as all of the staff felt it was a pleasure to come to work they were happy to pick up extra shifts. The registered manager told us the staff team were so supportive and the best team they had ever had. They told us the team surprised them with their dedication and would come in on a voluntary basis to take people out on full-day shopping trips. They found the care towards people was reflected across the whole staff groups. They found that domestic staff, catering staff, the administrator and care staff would go the extra mile to make sure people were content so on their days off looked for things to enhance people's quality of life. This was confirmed by the people who used the service and relatives.

The registered manager explained that her core value was that "people came first". The provider information return stated that the provider values, such as integrity, excellence and respect were promoted with the staff frequently. We found that the discussion of these values formed part of each supervision session, training and staff meetings, so that they were embedded in everything that the staff did. The staff we spoke with were clear about the values and that people were what mattered. Observation of their interactions with people and each other further supported the fact that these values were lived by the staff.

The registered manager and deputy manager held regular discussions with the people who used the service, relatives and staff, which provided a forum for people to share their views. Questionnaires were sent out to people and their relatives every six months, and resident and relative meetings were held. Records confirmed that a wide range of topics were discussed at these, for example food and activities, and that where people or their relatives made specific requests actions were taken to address this. The area manager analysed the feedback from questionnaires to identify areas highlighted where improvements could be made. All of the feedback from recent surveys was extremely positive and all of the respondents rated the service as very good to excellent in all areas.

As well as formal methods of feedback the registered manager encouraged informal feedback. She had an open door policy and during the inspection people and staff were constantly in and out of her office to ask her questions or just for a chat. She said that her team worked really well together and staff we spoke with said that they felt part of a family.

Visiting professionals also provided feedback and all were extremely complimentary about the home. Community nurses, DoLS assessors and social workers felt the home had been effective at supporting people and the care provided had led to individual's wellbeing significantly improving. We heard that one person who had been very physically frail and confused when admitted to the home was now walking and far more able to make decisions about their care. The DoLS assessor attributed this improvement to the support and care delivered by the staff.

We found that the registered manager routinely asked their pharmacist to complete audits of the medication and these all scored highly. On the whole the audits rated them at 100% compliance and on the odd occasion when this had dropped to 98.8% prompt action was taken to ensure full compliance was achieved. The pharmacist working for the CCG found that the medication practices were safe and effective.

Also audits by the infection control nurse, commissioners, environmental health officers and the fire authority consistently demonstrated that the home was meeting expectations and operated to a high standard. The registered manager and deputy manager completed their own checks and we found these to be extremely thorough and supported staff to constantly challenge their practices.

We reviewed feedback from visiting professionals and saw comments such as "I just wanted to say thanks for completing the Deprivation of Liberty Safeguards for so comprehensively. This makes such a difference for the people who are completing the assessments."

The district nursing team commented "The staff within the home have undergone extra training in areas such as continence supplies that promote client independence and reduce the needs for clients to wear continence pads. The staff are always keen to identify individuals who could benefit from different products to improve their independence. Staff work in a holistic manner by tailoring the care plans to meet the needs of the people."

Staff confirmed that they were listened to and included in any developments in the service. Staff said "The manager is very wonderful and I can honestly say she is the best manager I have ever had." And "The manager always listens to your opinion". The registered manager said it was important to encourage an open dialogue and give staff a sense of pride in their job. From talking with staff there was evidence that everyone was working towards the same goal. The staff, led by the registered manager, were all focused on the people they supported. All staff we spoke with felt extremely well trained, well supported and knew what their primary aim was to support people in living happy fulfilling lives.

Staff had a suite of policies within the home that helped them understand why certain processes and protocols were in place. These policies included safe handling of medication, safeguarding, recruitment and obtaining consent. This access to information enabled staff to feel more confident at challenging practices and also helped to set out the expectations people should have of the home.

The quality, safety and effectiveness of the service was monitored by a wide variety of quality assurance processes and audits. The service had a monthly monitoring visit from the area manager who reported their findings to the registered provider.

The registered manager audited all of the processes and records relating to the care and support of people within the home. This included health and safety, infection control, mealtime experience, medicine management and people's care plans. Action plans had been developed from the audits and these results had been used to drive improvements. For example an audit of an aspect of activities showed that staff could improve their interaction with people if they included having cups of tea with people. The registered manager had discussed this with staff at their meeting and we saw that staff made sitting and chatting to people over a cup of tea an important part of the routine.

This level of audit scrutiny helped contribute to the lack of medicine errors. There had been no medicine errors within the home for the last three years. Stringent quality assurance audits also ensured that people's care plans were always an accurate reflection of where they were in their goals, achievements and all other aspects of their care. It was noticeable on inspection that the documents related to people's care and support were being constantly reviewed and updated to reflect people's changing needs. The registered manager explained that this could sometimes be on a daily basis.

The staff we spoke with had a pride in the home that they work in. Staff said, "I love working here. I feel we are valued and respected so supported to do a good job." All the staff members we spoke with described that they felt part of a big team and found the registered manager and deputy manager supported them to deliver the best level of care possible.