

Flollie Investments Limited

Heathwood Care Home

Inspection report

9-11 Trewartha Park
Weston Super Mare
Somerset
BS23 2RP

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07 October 2016

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The unannounced inspection took place on 6 and 7 October 2016. A previous inspection on 15 April 2014 found that the standards we looked at were met.

Heathwood Care Home provides accommodation and personal care to up to 29 older people. The home specialises in the care of people who have a dementia. There were 24 people resident at the time of the inspection.

Heathwood Care Home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People benefitted from a service run in accordance with current, research based, best practice in dementia care. It informed staff practice in how to support people in a way which valued each person's individuality. The registered manager said, "We make sure the (condition of) dementia comes second to how people want to live their lives." Through this approach people were able to engage with every day community events, such as shopping and visiting a rugby club. Difficulties were overcome so that people's strengths and desires were promoted.

Dementia care good practice influenced the home environment, which was designed to help people maintain their independence, safety and help them feel at home. It also fed into the home's quality monitoring arrangements, with the use of tools designed specifically to understand the experience of people unable to talk about their feelings. Staff took time and knew how to engage with people so as to find what really mattered to them. They promoted their feelings of value and well-being by listening to their views and supporting them to achieve. For example, people wanted a record player, so they held an event to get the funds and then bought the item they wanted themselves.

There was a very wide choice of activities for people to engage in. These included arts and crafts, gardening, quizzes, sport, entertainment and current affairs. People's behaviour differences were understood and supported, in a risk managed way. Staff negotiated with people so they could do as they wished as safely as possible.

People, their family members, staff and health care professionals spoke highly of the home. One health care professional said of the registered manager, "I found the manager caring, on the ball and it is a really well run home." The registered person and the registered manager worked closely together to provide a very caring and effective service which put the person at the heart of decision making.

The service ethos was to provide a home from home for people. People's family members told us, "It makes people feel it is their home" and "He's happy here. He thinks this is his home." To this end staff shared their

time with people, wearing the same clothing (including nightware), eating together and sharing experiences, such as sports both within the home and outside at sports venues.

Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner. Staff had made close relationships with people.

People were protected through safe recruitment practice and a high ratio of staff to people using the service. There were enough staff to support people in activities within the home, in the community and for their general safety and well-being. One staff member was seen helping people wind wool for their knitting. Multiple activity groups were held with enough staff to support each group.

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions, and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. The service was upholding people's legal rights.

People were protected from abuse because there was a lot of information available to inform staff how to respond if they had any concerns and the registered manager met her responsibilities.

Medicines were managed in a safe way for people, in consultation with people's GP.

Staff received training, supervision and support to enable them to provide a high standard of care. Staff practice was closely monitored. This included unannounced night time visits by the registered manager.

People's needs were under regular review, taking into account their wishes. People's health care was promoted through appropriate contacts with health care professionals and identifying, and reducing risk where possible. One said, "They just know their residents so well."

Staff were very attentive to people's appetites and ensured that people were provided with a meal of their choice. Risks to people's nutrition were minimised and dietary needs were closely monitored. People said they liked the food. We found that some people had difficulty managing the food presented to them. We have recommended that the use of equipment, which might support people's independence when eating, is reviewed.

The home had a complaints policy and a niggles book was also available for people's use, at their request. People's relatives said they would have no concerns about taking any complaint to the registered manager, who we saw them engaging with throughout the inspection. People were confident that any concerns or complaint would be followed up. The one complaint had been followed up with a good result for the person using the service.

There were very effective quality monitoring arrangements in place, which included a tool to observe the experience of people with dementia, audits, spot checks on staff practice and listening to people's and staff's views. Staff fully understood their roles and responsibilities, worked as a team and said how much they enjoyed their work at Heathwood. One said, "The (registered manager) is one thousand per cent here, on call 24/7. She listens and she never lets us down."

The service was meeting all its regulatory obligations.

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.

People's safety was promoted through the recruitment arrangements, staffing, medicine management, premises maintenance and emergency planning.

People were safeguarded from abuse, but not all staff understood the reporting protocols.

Individual risks were understood and well managed.

Is the service effective?

Good ●

The service was effective.

People's legal rights were upheld.

Staff received induction, training, supervision and support to enable them to fulfil their roles with competence and skill.

People were supported to maintain their health and well-being through contact with appropriate health care professionals.

People enjoyed a nutritious and varied diet but independence with eating could be improved.

Is the service caring?

Good ●

The service was caring.

Staff had made meaningful relationships with people.

People were treated with dignity and respect. Their privacy was upheld.

People were supported to receive a high standard of end of life care.

Is the service responsive?

Outstanding ☆

The service was very responsive.

A very wide range of activities, based on people's interests, past histories and promoting people's strengths, were arranged on a daily basis.

People received person centred care by staff who understood their individual challenges and who supported them to live as fulfilling a life as possible.

Care was planned in detail with people's involvement and the plans were used by staff to promote people's well-being.

All comments, and any complaints, were followed up in people's best interest.

Is the service well-led?

The service was very well led.

The service people received was based on current, good practice in dementia care because this was the focus of the organisation. Good practice was led from the top by a committed provider and effective, and much praised, registered manager.

People were helped by staff to express what was important to them, develop their ideas and improve the service based on those ideas. This improved people's lives.

Staff opinion was sought and responded to toward improving people's lives.

Well organised quality monitoring ensured a safe and effective service.

Outstanding 

Heathwood 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 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 6 and 7 October 2016 and was unannounced. One adult social care inspector undertook the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection planning process, information was gathered and reviewed from the PIR, from the previous inspection report and by checking the provider website.

We reviewed any notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We talked with four people living at the service who were able to tell us their views of the service and four people's family representatives. We looked at the care plans and records of care of five people and sampled medicine records.

We spoke with seven staff members, the registered manager and provider. We looked at records connected with how the home was run, including recruitment records, records of resident and staff meetings, audits and survey feedback forms. We received feedback about the service from two health care professionals.

Is the service safe?

Our findings

The service was safe.

People felt safe at Heathwood. Their comments included, "Safe as houses".

There were several posters clearly visible in the staff office informing staff of the types of abuse and how to respond to protect people. Care staff were very clear how they would act if they thought abuse had occurred. For example, telling the registered manager, the registered provider or talking to the local authority about their concerns. However, two non-care staff were unable to tell us how they should respond to concerns although the information was displayed for staff. In particular, they did not know they should inform professional bodies not connected with the home, such as the local authority, if any issue of concern was not dealt with within the home. The registered manager said they would ensure safeguarding training was arranged for all domestic staff in the future, with kitchen staff as a priority. Another non-care staff member had been informed by the registered person how they should respond to any concerns and they showed us a copy of the procedure they were to follow. This showed that they were fully informed.

The registered manager was clear in her responsibilities of protected people from abuse and harm. They had received training suitable for their role and were fully conversant with local authority safeguarding protocols.

People's needs were met by sufficient numbers of skilled staff. A health care professional said, "There is a high ratio of staff to residents".

Throughout the visits staff were available to support people with their personal care, engage them in activities and maintain safety. Staff confirmed that staffing numbers were flexible. Additional staff were arranged where need increased, such as when outings occurred or a person had a health care appointment. The registered manager said they had responsibility and flexibility over the staffing arrangements. Toward making staffing decisions they also worked some hours providing care, which helped inform the staffing decisions. Care workers were supported by cleaning, laundry, catering and maintenance staff.

Safe staff recruitment and selection systems were in place and followed to make sure suitable staff were employed to work at the home. All applicants completed an application form, which recorded their employment and training history. Each applicant went through a selection process. The provider ensured that the relevant checks were carried out to ensure staff were suitable to work with vulnerable adults. The provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure people they recruit are suitable to work with vulnerable people who use care and support services.

There was a well organised business contingency plan for emergencies in place. This included an emergency use rucksack. The plan was held in the office to provide staff with all the information needed in the case of such an emergency. The rucksack included a thermal blanket, torches and high visibility jacket.

The provider had identified alternative locations, which would be used if the home were unliveable. This would minimise the impact to people if emergencies occurred. Each person had a personalised emergency evacuation plan that was regularly reviewed.

The premises were kept in a safe state for people to live. Servicing and maintenance records showed that there were regular safety checks of equipment and utilities. This included hoists, portable appliances and the vehicle used by the organisation. There was a system in place to know when next testing was due. Staff said that any problem on the premises was dealt with promptly. Aspects of the premises were risk assessed and risks were reviewed yearly. Where an area of generic potential risk was not included, the stairwell, this was rectified before the end of the inspection.

Each person had individual risks assessed and managed according to their needs. For example, the risk from poor nutrition, mobility issues or exhibiting behaviours that might pose a risk to other people and were a sign the person needed help for their own well-being. The registered manager monitored accidents and incidents to look for trends. For example, people who were known to be at risk of falling had additional safety measures put in place to protect them.

With one exception people's medicines were administered to them by staff, for their safety. Medicines were kept securely in separate lockers, which were well organised. This helped to prevent mistakes or problems, such as stock becoming out of date. Records of medicine use were clear. We observed staff administering medicines to people individually. The staff member took their time, ensured the person had a drink available and then had taken the medicine successfully.

There were arrangements in place to ensure the safety of medicine management. These included staff training and competence checks, medicine audits, two staff checking any hand written entries and checks for the expiry time of creams and ointments.

There had been one minor medicines error in the last 12 months, which had not resulted in harm to the person. This had been reported and investigated appropriately. Action was taken as a result, with additional staff training, supervision and support provided.

Is the service effective?

Our findings

The service was effective.

People received a nutritious and varied diet. People ate in various parts of the home depending upon their choice and abilities. People who needed more support received that support from staff. We saw, with one exception, that people were able to take as long as was necessary to complete their meal. In the one exception the registered manager immediately reminded the staff member how to assist people at their own pace. We observed that people were assisted, for example, to cut up their food and all were offered additional food when they had finished their meal.

Two people were observed having difficulty keeping their food on the plate whilst they ate. Staff said there was currently no specialist equipment available, which might benefit some people. We recommend that the use of equipment, which might support people's independence when eating, is reviewed.

People and relatives said they liked the meals at Heathwood. Comments included, "(My father) likes the food", "Quite good" and "Sherry and wine is normal here. There is a choice of two meals and a good assortment." That person also said they liked fish, which was served at least twice a week. When people were choosing which meal they wanted they were shown each option as a plated meal. This helped people with short term memory make decisions because they could see what was on offer and make the decision at the time.

There was a very varied menu which included pasta, rice and more traditional meat and vegetable dishes. The registered provider said that meals were chosen for their nutritional value and to look bright and appetising, which they did. They said that each option had a sauce available to help people who might find swallowing difficult.

People had been assessed on an individual basis and care plans showed associated risk of malnutrition, action plans and people's preferences. People's likes, dislikes and any allergies were recorded and taken into account.

People had food and drinks available to them at any time. People were offered regular hot and cold drinks. Health care professionals said that they had no concerns about the diet and fluids people received and that any dietary concerns were followed up appropriately.

The service had 'protected mealtimes' the intention being that people could eat their meals undisturbed by visitors, with staff support as required.

Care records contained details of current and past medical histories. Care records also contained the contact details of GPs and other health care professionals. This meant staff could contact health professionals if there were concerns about a person's health. One person's family member said how quickly staff had responded when their relative had an infection.

People's healthcare needs were met through appropriate contacts with external health care professionals. GP and district nurse contacts from the staff were said to be "sensible", "prompt", "appropriate" and "timely". A health care professional described the service as being proactive in protecting people from pressure damage to their skin. Aspects of people's health were closely monitored, for example, people's weight. Dental, eye, hearing and foot care were arranged as needed. This meant people's health was promoted.

People and their family members said staff were skilled and competent. Staff said they were very happy with the training they received. Their comments included, "Perfect" and "Very good, always up to date and we are encouraged to take qualifications." Staff said how training was arranged over different shifts so each staff member was able to attend.

Each staff member received an induction when they started working at the home. This meant that staff had started the process of understanding the necessary skills to perform their role appropriately and to meet the needs of the people living in the home. Induction included training for the care certificate. The care certificate is a national training in best practice which was introduced in April 2015. New staff shadowed a senior staff member until the registered manager was satisfied the person was competent and the staff member felt confident. Staff competence was under regular review.

There was a programme of staff training, some via distance learning and some face to face. We found that staff received training in all aspects of health and safety, such as infection control, moving people safely and safe use of chemicals. There was also training in conditions that may affect older people and a strong emphasis on training in dementia care.

Staff received regular supervision and appraisal of their work. Supervision is a formal meeting where staff can discuss their performance, training needs and any concerns they may have with a more senior member of staff. Staff said they felt these meetings were positive in that there was the opportunity for "two way conversations". Another said, "We can say what we like." Staff felt supported and engaged in decisions made in relation to the care people received.

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. The registered manager had a good understanding of how to protect people's legal rights.

People at Heathwood Care Home had consented to their care where they were able to make an informed decision. Where people could not make an informed decision, based on a lack of capacity to do so, an assessment of their capacity had been undertaken. Where people's representative had Lasting Power of Attorney (LPA) authorised the detail of those authorisations were available for staff and health care professionals to reference. This meant that the care provided was as the person had wanted. Where people did not have capacity and there was no LPA in place the people that knew the person best were involved in making best interest decisions on their behalf.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberties Safeguards (DoLS).

The provider was following legal requirements in relation to the DoLS. People were not free to leave

Heathwood without support because of the risk this would pose to their safety. People were also under constant supervision as part of the care they required, which was a restriction on their liberty.

We discussed DoLS with the registered manager. At the time of the inspection, applications had been made to the local authority in relation people living at the service but no authorisations had yet been approved. The registered manager said they used the local authority DoLS team as a resource for advice if at all unsure about how to proceed in a particular case and they contacted them every month to update any information about changing needs.

There was a strong emphasis on providing a dementia friendly environment for people. This included a safe, attractive rear garden, kitchenette for people's use and three lounge areas, providing space for activities. Pictorial signage and the use of colour helped people to find their way around and make sense of the environment. For example, all toilet doors, and the toilet seats, were bright red and easy to distinguish.

Is the service caring?

Our findings

The service was caring.

People and their family members spoke about the kindness and caring attitude of the staff at Heathwood Residential Home. Their comments included, "(My family member) seems happy here. Everyone seems welcoming", and "Nice and friendly." People talked of the family atmosphere and that people considered Heathwood to be their home. One person, when visiting their previous family home told their relatives that they wanted to go home, that being Heathwood. Another person said, "They make (people) feel this is their home." We saw one person go up to a staff member with a smile on their face and give them a hug.

Important family relationships were promoted. The registered manager said that one family member said their mother always sent them a birthday card. It was the normal practice at Heathwood to help people make cards for family members to celebrate special occasions; this made the daughter very happy. Cakes were also made and iced by people for special occasions in their family.

Privacy and dignity were upheld. All personal care was delivered in private and information about people was kept confidential.

People were consulted at every stage and there was a strong emphasis on taking people's views into account. Staff were observed constantly checking with people when offering care or support; they took nothing for granted. There were also resident meetings to discuss, for example, activities and menus, and there were also feedback surveys to gain people's views.

People's care records showed that people and their relatives were involved as much as possible in how they wanted to be supported with their care needs, with people signing their consent where they had capacity to make informed decisions.

We observed staff being very kind and compassionate to people. They took time to listen carefully to what people said and then responded appropriately. If a person became upset or annoyed we observed that the staff member knew how to make them feel better. This often ended with the person smiling. There was good humoured banter between staff and people using the service. This showed that people were relaxed and felt comfortable in the staff's company.

Staff were observed knocking on doors and asking permission before entering people's rooms. People were supported to present in the way they would have wished. One person's family member said they were pleased their relative was always dressed smartly when they visited because that is what they would have wanted.

Staff said they had the opportunity to make meaningful relationships with people. One said, "We know everybody is unique and equal." Another said about people's personal choice, that staff make people feel at home and comfortable and they liked to see them happy and smiling.

Heathwood Care Home provided end of life care, with the support of external health care professionals. One health care professional described the end of life care delivered by the staff as "Very good". They said that staff were proactive in advanced care planning and always sent the GP a copy, so they were informed of the person's wishes. A second health care professional said staff were very caring and that people were "always lovely and comfortable" and the staff managed people's pain well.

Is the service responsive?

Our findings

The service was very responsive to people living with dementia.

The ethos of the service is to promote homeliness so that people feel they belong. To this end, for example, staff wore nightclothes when on duty through night time hours. The nightwear for staff also provided cues to people who might have difficulty identifying daytime from night time. For example, one person had frequently got up at night, judging that because people (staff) were in day clothes it must be day time. Since the introduction of staff wearing night clothes at night time that person, recognising the cue when seeing the night staff, now takes them self to bed. Their confusion about day and night time had been resolved.

People praised the care provided, one saying, "Staff are brilliant ... wonderful. Staff seem committed." Health care professionals said they had no concerns at all about the responsiveness of staff to meeting people's care needs. One said, "They just know their residents so well." Staff shared their day with people, wearing the same aprons, eating together and sharing experiences, such as sport on television, contests in the home and at sports matches in the community.

The service supported people to access the local community and was actively involved in building further links. There was an emphasis on supporting people so they had a dignified experience when in the community. For example, payment cards had been arranged for use at the local rugby club so people who went there could independently purchase what they wanted, without having to negotiate managing money to pay. Another example was staff arranging for people to join a walking club. At the club their dementia was insignificant to the walking, which they enjoyed and were good at. This promoted their well-being and inclusion in the community.

One person's family said, "They go out a lot. It is the pub on a Saturday." There were regular outings in the mini bus and people were very keen to be included. Other outings included visiting a garden centre, or out for tea. People were asked at resident meetings where they would like to go. One person wanted more trips to the beach, another person wanted more ice-creams. One person wanted to visit where they had grown up, which had led to a conversation about old shops and a castle, with peacocks and cream teas. This trip was then arranged. All the requests were met.

Staff were aware of people's routines and habits and had arrangements for accommodating them. For example, one person had requested cereal and banana for their lunch but their main lunch had been put aside because staff knew they would ask for it a little later. During one visit we saw a care worker checking to see if people in the quiet lounge wanted a second pot of tea and staff checked regularly to see if people wanted more to eat or drink. One person could become upset but staff knew that walking the dog would be relaxing and bring them to a happier mood.

People were central to decisions made about the choice of activities and staff were made available in sufficient numbers to support people in those activities. Rooms had been changed to accommodate people's choices. One lounge had become a 'sports lounge', with memorabilia, games, such as darts, and a

pub bar was being completed. Another lounge had been changed to a library, quiet, lounge. This included books which mirrored people's specific interests. For example, one person was interested in the Royal Air Force and so books on the subject were included. There was also a large choice of talking books, for people unable to read now, and earphones so they could listen without disturbing others. Books and records at the home were colour coded so that people could more easily identify the type of book or music they wanted.

Staff were responsible for arranging and engaged in activities with people as part of their working routine. Activities were a major part of each person's day, held in small groups so different interests could be met and any support required provided. We saw three groups in progress at the same time, with attentive staff members assisting each group. One person had found they enjoyed, and had a talent in painting, something they had not tried before living in Heathwood.

Staff knew that some people wanted to be involved in daily household tasks. To this end the provider had provided a fully equipped kitchenette from where people could help with food preparation, washing up or other household tasks. We were told that cooking was a regular event some people engaged in.

There was discussion about what Christmas meant to people. They described their mother's making pickles, chutney and mincemeat in preparation for the celebration. It was then arranged that pickle and mincemeat making would take place the following week so people could follow the tradition that had importance for them. People chose which recipe they wanted to use when baking. The cost of the ingredients was then checked on line so people had the necessary money when they went to the shops, with staff support, to purchase what was needed. This removed any worry about the money but put them in control of the activity.

We noticed that when food was being cooked the smell of the cooking pervaded the main lounge area, the purpose of which was to stimulate people's appetite and help them recognise that lunch would not be long.

At one time we observed a knitting group, a painting/craft group and a third group where a staff member read the news to people. There was a large, clearly labelled and coded store of activities boxes from which different activities could be undertaken. The codes included: 'birds', 'gardening', 'painting' and 'quizzes'.

An attractive and safe garden was a source of interest for people as the main lounge/conservatory overlooked it. Two pet rabbits were seen hopping around and we were told they sometimes came into the home. Vegetables, which people in the 'gardening club' had planted, could be seen ripening outside of the large window, including tomatoes. A little dog, the house pet, was seen moving about people and being friendly.

External entertainment came into the home twice each week. We observed people singing and dancing to a musician, as described in one person's care plan as an activity they enjoyed.

Throughout the home historic scenes reminded people of events which happened in their lives. At popular request, that information now included personal memories, such as wedding days and pictures of their children, when they were young. One person talked to us about those memories and what their son now looked like, showing us a picture. This showed that the events people felt were important could be both remembered and shared.

People's care and support was planned proactively in partnership with them. Each person had received a detailed assessment of their needs prior to admission to Heathwood. Information included the person's medical history, social history, needs and wishes. Where a risk existed this was mitigated with as little

restriction as possible. For example, one person was prone to collect lots of items from around the home. This posed a risk because of the weight and how it restricted their movements. They had agreed, as part of their care plan, that staff would help them sort the collection out, so they were more comfortable and safe.

Each person had a plan of how their care was to be delivered, based on their needs and wishes. The registered manager said that staff would start with "a blank sheet" and explore with people what mattered to them. For example, for some people when discussing what mattered at the end of their life staff found that flowers were important to them. Staff then explored what flowers they liked. Staff used different methods to help the person express their opinion, such as using pictures or seeing the actual flowers and observing how the person responded to them.

The plans provided detail which described the person as an individual and what support and care they needed. They were regularly reviewed. Staff said care plans contained sufficient information to enable them to deliver safe care. They said there was good communication about any changes in people's needs.

Handover of information between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to monitor people's progress. At each shift staff were allocated certain tasks, such as who would monitor the diet of people where this was a concern.

A complaints procedure was in place and displayed in the reception area of the home as was a 'niggles' book, which was empty. The registered manager said that any problems were dealt with instantly.

Each person told us they felt confident in raising any concerns or making a complaint. One person said, "I would be happy to complain if there was a reason." One person had made a complaint relating to their laundry. The registered manager agreed that the standard had not been as expected and had arranged for replacement clothing, from the same shopping outlet, to be provided.

The CQC has received no complaints or concerns about the service.

Is the service well-led?

Our findings

The service was very well led.

The registered manager was registered with the Care Quality Commission (CQC) in November 2015. They were about to start a level five qualification in management. They attend the dementia congress each year. People and their family members said of the service: "The (registered manager) is fantastic", "Can't fault it at all", "I really am impressed" "I'm really happy overall" and "It is well led. Oh yes, no fault on that side."

The ethos of the home is to provide people with a high standard of evidence based dementia care in a safe, homely and caring environment. To this end the provider and registered manager liaised with and followed guidance and best practice techniques from external agencies and professional bodies and experts in their fields. The registered provider was undertaking a Bsc in dementia studies at the time of the inspection. The service uses a Bradford University Dementia Care Mapping tool, and liaises with both Bradford and Stirling Universities regarding their work with people living with dementia, and the Health Innovation Network. This network was the basis of the service approach to caring for people with dementia. The registered manager said, "Our approach is that the dementia comes second to how people want to live their life".

Feedback from a 2016 survey carried out by the provider for health care professionals included, "One of my favourite home's to visit due to the care and atmosphere." Health care professionals told us: "I have found (the registered manager) very caring, on the ball and we have a good working relationship. This is one of the well run homes" and "They just know their residents so well and the home is so inviting."

Staffing was structured to provide the best outcome for people. All new staff were given a mentor to work alongside, so they were shown how to do things properly and answer any questions they had. Some staff had additional responsibilities, for example, one staff member was a 'Dementia lead'. The dementia lead held frequent training with all staff so they understood the ethos of the home in relation to people's dementia. One person using the service had formed a relationship with another person. The dementia lead helped staff to think about the situation and understand that they had no right to express an opinion about who could, and who could not, have a relationship. They could only support people so they could do as they wanted in a risk managed way. One person was known to become angry when their spouse visited. The dementia lead used a dementia 'mapping tool'. This is a tool used to assess the well-being of people who might not be able to describe their experience of the care they receive, because of their dementia. From using the mapping tool the visit situation was better understood and a small change enabled future visits to be a positive experience for all involved.

Information in relation to best practice in dementia care, and expected standards relating to the care, were disseminated to the care workers and the delivery of that care was closely monitored. The information was also used to develop the dementia friendly environment in which people lived, using colour and other cues to help people maintain their independence.

The service was under regular review taking into account the wishes of people using the service. The

registered manager was trained in use of the dementia mapping tool and so had insight into the day to day experiences of the people. They were booked to undertake advanced dementia mapping training. Dementia mapping helped them to monitor how engaged people were with events around them and how they responded to staff. This information helped to inform people's care plans and staff to receive clear reinforcement of good care they had provided, or further instruction where improvement was needed.

People were also helped to make their views known through non-verbal communication, such as picture communication, for example, of menu choices and staff recognised through body language when people were unhappy or needed their attention.

Staff took time to help people explore what they really wanted. Where people were able to give their opinion, residents' meetings were used to explore what mattered to them. For example, when the people had asked about having music at the home staff asked them to describe any happy memories of musical events. Some remembered the dances at the Weston Wintergardens and one said, "Nothing sounds like the old record players did" and so it was decided a record player was needed. Further exploration led to people wanting to purchase a record player themselves and so a fund raising event was arranged, which led to the residents purchasing the record player they wanted. This meant that people had been influential in securing the service they wanted, which improved their experience at Heathwood and increased feelings of value and importance.

The management did what they could to facilitate people's wishes and the home was very well resourced. Listening to people's memories and interests had led to the development of two themed lounge areas, a sport based lounge and a second, quiet lounge included a library area. We saw women relaxed and chatting whilst they knitted together, whilst a male care worker unknotted their wool. The report from a resident's meeting in June 2016 included, 'Some of the ladies said they liked having their meals in the library as it is quiet and peaceful. They also appreciated having a pot of tea on the table.'

Staff did what they could to facilitate people's wishes. For example, some people had said they liked to walk and so a staff member researched a local health club and arranged for people to join a walking group with the club. There was an interest in sport at the home and so a box at the Western rugby club had been made available for people's use. This meant they could attend the games as members of the local community.

People's views were also sought through residents' feedback surveys, family feedback surveys and regular reviews of people's care plans. In addition where necessary, people's needs were discussed with their family members. There were plans to use 'Survey Monkey' an on-line system for quality monitoring which would provide quick results and highlight any target areas for improvement.

Staff worked well together as a team, and there was excellent communication. Staff told us they enjoyed working at the home. They spoke highly of the registered manager. Their comments included, "The (registered manager) is one thousand per cent here, on call 24/7. She listens and she never lets us down" and "A friendly manager. There are never any problems." Staff confirmed that any equipment needed was provided straight away. New chairs, to suit the sports lounge, arrived during our visit.

Staff were involved in the running of the home. Staff were able to contribute through a variety of methods such as staff meetings and supervisions. A staff questionnaire in May 2016 included asking staff about team working, activity suggestions, environmental improvements and, if they were the manager, what would they change? The staff responses included, "Regular team meetings are good", "All of my concerns, ideas and suggestions are listened to" and "The manager we have does a great job."

The registered manager spent time with staff on each shift. The night before our inspection they had done an unannounced visit during the night time. They said this was to check whether the service provided at night was as effective as the service people received in the day time. For example, whether by night staff wearing their nightclothes to work, people had the cues that it was night time and this helped them settle. She found evidence that the arrangement worked well. The registered manager also listened to staff views to get their perspective. For example, listening to night staff had led to the development of the red rucksack, available for any emergency. One staff member had said how dark it was outside of the home at night and so a torch was purchased for each staff member, and so on. A night staff care worker had said, "Now we can just grab the bag and we will have what we need."

Roles and responsibilities were clearly defined, for example, each shift had a team leader. The registered person and registered manager worked closely to ensure the ethos of the home was followed. The registered person visited the home regularly each week and was active in the home's improvements, such as arranging new chairs for the 'sports' lounge. Each of the staff we spoke with said they would have no hesitation taking any suggestion or issue to the registered manager or owner.

There was a well-developed system of quality monitoring. The registered provider did an overall quality audit which monitored across the five domains of: safe, effective, caring, responsive and well-led which CQC look at as part of our inspection process. This looked at the quality of life for people using the service and practical aspects, such as medicine management.

There were regular quality assurance audit checks, monthly, quarterly, six monthly and annually. The monthly audits included health and safety, bed rails, first aid boxes, complaints and dressing plans.

People using the service, their relatives and professionals said they felt the service was well managed and that they would recommend the service to others.

The registered manager had notified the Care Quality Commission (CQC) about a number of important events, which the service is required to send us by law. This enabled us to effectively monitor the service or identify concerns.