Methodist Homes

The Herons

Inspection report

The Herons Residential Home
Calverton Close, Toton
Nottingham
Nottinghamshire
NG9 6GY

Tel: 01159460007

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13 December 2016

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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?	Requires Improvement

Summary of findings

Overall summary

We inspected the service on 13 December 2016. The inspection was unannounced. The Herons is a care home without nursing for up to 39 people and is located in Toton in Nottinghamshire. On the day of our inspection 37 people were using the service.

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

Some people felt they had to wait longer for staff at peak times of day. People were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to minimise the risk of them coming to harm.

Medicines were managed safely and people received their medicines as prescribed.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People were supported to make decisions and staff knew how to act if people did not have the capacity to make decisions.

People were supported to maintain their nutrition and staff were monitoring and responding to people's health conditions.

People lived in a service where staff listened to them. People's emotional needs were recognised and responded to by a staff team who cared about the individual they were supporting. People were supported to enjoy a social life.

The systems in place to monitor the quality of the service were not always effective in identifying issues and bringing about improvements. People were involved in giving their views on how the service was run.

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.

Some people felt they had to wait longer for staff at peak times of day. People were supported by staff who knew how to recognise and respond to allegations or incidents.

Risks in relation to people's daily life were assessed and planned for to minimise the risk of them coming to harm.

People received their medicines as prescribed and medicines were managed safely. The systems in place to assess staffing levels were not effective.

Is the service effective?

Good

The service was effective.

People were supported by staff who received appropriate training and supervision.

People made decisions in relation to their care and support and where they needed support to make decisions they were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Is the service caring?

Good

The service was caring.

People lived in a service where staff listened to them and cared for them in a way they preferred.

Staff respected people's rights to privacy and treated them with dignity.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and support and were supported to have a social life and to follow their interests.

People were able to raise issues and staff knew what to do if issues arose.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The systems in place to monitor the quality of the service were not always effective in identifying issues and bringing about improvements.

People were involved in giving their views on how the service was run and the management team were approachable.

The Herons

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.

We inspected the service on 13 December 2016. The inspection was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from health and social care professionals who have been involved in the service and commissioners who fund the care for some people who use the service. 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.

During the visit we spoke with six people who used the service and the relatives of six people to get their views. We also spoke with a health and social care professional who was visiting the service.

We spoke with three members of support staff, catering staff, the activity organiser, the deputy manager and the registered manager. We looked at the care records of five people who used the service, medicines records, staff training records, as well as a range of records relating to the running of the service including audits carried out by the registered manager and registered provider.

Good

Is the service safe?

Our findings

People were protected from abuse and avoidable harm. Two people we spoke with told us they felt safe and the relatives we spoke with also felt their relation was safe in the service. One person told us, "I feel safe. The carers are excellent. I can lock my room when I'm out." Another person told us, "Security here is good. I can leave door open and nothing is touched. The staff are a jolly lot. I've found them very good." A third told us, "Yes I do feel very safe here. I can talk to anyone if there is a problem." Relatives also felt the service was safe and one relative told us, "The home is a safe place." A further relative told us, "We have peace of mind. [My relative] is very safe living here."

People were supported by staff who recognised the signs of potential abuse and how to protect people from harm. Staff had received training in protecting people from the risk of abuse and staff we spoke with had a good knowledge of how to recognise the signs that a person may be at risk of harm. Staff also knew how to escalate concerns to the registered manager or to external organisations such as the local authority. Staff were confident that any concerns they raised with the registered manager would be dealt with straight away. There was information displayed about safeguarding in different parts of the home, which included the contact details of the local authority should anybody wish to report a concern.

The registered manager had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the registered manager carried out checks to determine if staff were of good character and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

Risks to individuals were assessed and staff had access to information about how to manage the risks. The provider told us in the PIR that they had signed up to become part of a falls prevention pilot aimed at supporting people who were at risk of falls and that falls were monitored with physiotherapist involvement to reduce risk whilst supporting choice. We saw an example of a person on this pathway. Their care records showed they were at risk of falls and there was information in their care plans guiding staff on how to minimise the risk of further falls occurring. The person had been referred to the falls prevention team after they had a fall and this resulted in them being given access to equipment and physiotherapy. Risks in relation to nutrition and people developing pressure ulcers were regularly assessed to ensure the support given was appropriate in minimising risks associated with this. People felt they were supported with risks, such as the risk of falling. One person told us, "I have been known to fall, staff have discussed this with me and done what they can." The relatives we spoke with also felt that staff took appropriate measures to reduce risks to their loved one.

People were living in a safe, well maintained environment and were protected from risks associated with the environment in which they lived. The provider told us in the PIR that they engaged contracted companies to regularly service and check equipment used in the service. We saw the systems in place to assess the safety of the service such as fire risk and there were regular health and safety checks undertaken to ensure the premises and any equipment was being maintained. Staff had been trained in relation to health and safety and how to respond if there was a fire in the service.

On the day of our visit we observed there were staff available to meet the requests and needs of people. There were five care staff, one of whom had escorted a person to a health appointment, a senior, a deputy manager, the registered manager as well as housekeeping, maintenance and catering staff on duty. However, some people we spoke with told us they sometimes had to wait for staff to support them at peak times of the day. They described that if calling staff using the call bell response was very prompt except at busy times when the longest average wait was considered to be 10-15 minutes. One person said, "I don't have to wait too long when I press my buzzer." The relatives we spoke with provided mixed feedback about whether there were enough staff to meet people's needs. One relative said, "I come at different times of day, there aren't always enough staff, more so in the morning." Another relative told us, "I think there are plenty of staff. "We discussed this with the area manager and the registered manager and they told us they could increase staff at these peak times and had already done so recently when it had been identified that another member of staff was needed in the evening. They assured us they would investigate where the additional staff were needed and address this.

People had been assessed as not being able to administer their own medicines and so relied on staff to do this for them. People we spoke with told us that staff gave them their medicines when they were supposed to and relatives also told us they were happy with the way staff managed their relation's medicines. One person told us, "Staff give me the tablets and wait till I've taken them. I join in exercises once a week. I have [health conditions] and so I exercise carefully to avoid pain. Staff tell me what to do and not to do. If I need it I ring (the call bell) for paracetamol."

We found the medicines systems were organised and that people were receiving their medicines when they should. Staff were following safe protocols in relation to the receipt, storage and administration of medicines. Staff had received training in the safe handling and administration of medicines and had their competency assessed prior to being authorised to administer medicines.

Good

Is the service effective?

Our findings

People were supported by suitable staff who were trained to support them safely. People and relatives told us they felt staff had the skills and knowledge they needed to provide support safely. One person told us, "I am a nurse myself by background. The staff are interviewed for their skills and they don't take anyone unsuitable. So far staff have been very good with me." Another person told us, "I think the staff do a good job, they do seem to know what they are doing." A relation told us, "Staff learn as they go along in a practical way. You can't teach caring on the computer and have to learn on the job." Another relative said, "The staff are excellent, very good at what they do." During our visit we observed staff putting the training they had received into practice. For example, staff responsible for administering medicines did so appropriately. One healthcare professional who provided us with feedback told us that staff were "always polite obliging and professional towards us."

People were supported by staff who were supported to have the skills and knowledge they needed when they first started working in the service. The registered manager told us that new staff were given an induction and then either enrolled on a recognised qualification in health and social care or commenced the care certificate when they started working in the service. The care certificate is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support. We saw records that showed that as soon as staff started working in the service they were given training in relation to areas of care such as safeguarding adults, moving and handling and infection control.

Staff we spoke with told us they had been given the training they needed to ensure they knew how to do their job safely. They told us they felt the training was appropriate in giving them the skills and knowledge they needed to support the people who used the service. One staff member said, "We have had lots of training and it has been very good." The deputy manager had undertaken training which gave them the qualification to train staff in certain aspects of care. They told us this gave them the opportunity to give training to staff as and when it was needed, such as when new staff started working in the service. They told us, "There are more (people living with a dementia related condition) coming along or developing it whilst here. We all get trained in dementia care and also in managing bedsores by external training. I train all new starters in moving and handling people. It's a good place to work." Staff told us that if they asked for specific training this was arranged for them. We saw records which showed that staff had been given training in various aspects of care delivery such as safe food handling, moving and handling and infection control.

People were cared for by staff who received feedback from the management team on how well they were performing and to discuss their development needs. Staff told us they had regular supervision from the registered manager and were given feedback on their performance and we saw records which confirmed this. New staff were given an appraisal of their performance at the end of their probationary period and a development plan was put in place for any further training which was required.

People were supported to make decisions on a day to day basis. We observed people decided how and where they spent their time and made decisions about their care and support. One person told us, "Staff

don't tell me what time to get up." Another person told us, "Staff always ask before doing anything. They even check I'm ready before pushing me in the wheelchair." We observed that staff asked for people's consent before providing any support. Staff involved people in decision making and we saw that the choices people made were respected. For example, one person had only eaten half of their meal but was insistent they did not want any more. Staff respected their decision and offered the person alternative choices.

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 were supported by staff who had a good knowledge and understanding of the MCA. The staff we spoke with had knowledge about their duties under the MCA and how to support people with decision making. People's support plans contained clear information about whether people had the capacity to make their own decisions. We saw that assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed.

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.

The registered manager had made applications for DoLS where appropriate. For example, the records of one person showed they were resistant to personal care and were also not free to leave the service alone. The registered manager had made a DoLS application for this person and other people to ensure that they were not being deprived of their liberty unlawfully.

People were supported to eat and drink enough. We spoke with people about the food and they told us they had enough to eat and we observed people had access to food when they wanted to eat. There was a drink and snack trolley which was regularly taken around the service to people's bedrooms and communal areas in between meals. There was also a café area equipped with drinks and snacks for people to get when they wished. People described a recent meeting where they had been informed they could now order snacks and light meals in between the main meal times if they were hungry. We saw this was displayed on a 'light bite' menu in the café area with a list of sandwiches and snacks which could be ordered.

One person told us, "I get a jug of water and it's always kept full in the room. The food is good quality. We have two choices on the menu. I eat it all." They described being given a recent leaflet relating to the new snack ordering incentive saying, "There are crisps, fruit bowls and sweets. I eat in the dining room and only in my room if I'm not well." Another person told us, "The food is very nice, not had a bad meal yet." One relative told us, "[My relative] is hard to please. They haven't said anything negative about the food here though." Another relative said, "I think the food is good here, [my relative] hasn't lost any weight."

During our visit we observed that people enjoyed their meal and most people finished the food provided to them. One person required some support and prompting to eat their meal and this was provided to them, whilst respecting their independence. Staff ensured that people's drinks were topped up and people

received drinks and snacks throughout the day. One person had lost weight during a recent hospital stay and advice had been provided to fortify their diet and monitor their weight more often. Staff had carried out this advice and the person's weight had increased.

People's nutritional needs were assessed regularly and there was information in support plans detailing people's nutritional needs. We saw one person had been assessed as being underweight, due to a health condition, and there was a care plan in place guiding staff in supporting the person to eat and drink enough to prevent further weight loss. We looked at the care this person was receiving and saw staff were following the guidance in practice such as prompting the person to eat and recording what they had eaten. One health professional who gave feedback prior to our visit told us, "The home is committed to providing meals according to dietetic and speech and language recommendations. There is an awareness of resident's changing needs through monitoring weight, starting a fortified diet and other supplements via the GP or dietetic service."

People were supported with their day to day healthcare. We saw people were supported to attend regular appointments to get their health checked. One person told us, "A lady doctor came to see me when I was not well." Another person told us, "I had a very bad chest infection. Doctors came and my daughter was called twice in eight days till I got well." A third person said, "If I need the doctor staff will arrange it for me." The relatives we spoke with confirmed that staff ensured their loved one had access to various health services as required. One relative said, "Staff make the arrangements and keep me informed." Another relative told us, "[Relation] saw the optician recently, sees the chiropodist six weekly and the hairdresser weekly."

Prior to our visit a health professional told us that people were not always supported to wear their hearing aid. We found this to be the case on the day of our visit and some people had not been supported to wear their hearing aid. The registered manager assured us they had implemented daily checks to ensure people were wearing these following our visit.

Staff sought advice from external professionals when people's health and support needs changed. The provider told us in the PIR that they constantly assessed, along with professionals, the best outcomes for people. We found this was the case, for example, staff had involved an occupational therapist for one person when their mobility changed. We also saw there was a range of external health professionals involved in people's care, such as the Dementia Outreach team and the Speech and Language Team (SALT). We spoke with a visiting health professional and they told us that staff contacted them if there were any concerns and implemented any recommendations they made.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy living at the service and felt that staff were caring. One person said, "The support is 100% right for me." Another person told us, "When they (staff) shower me they are very gentle and not rough at all." A third person said, "I get on well with the staff, I enjoy talking to them." The relatives we spoke with also commented positively on the relationships staff had developed with their loved one. One relative said, "The staff are great, really nice people." Another said, "Staff care. They really do bother. [Relation] is relying more and more on staff and they say that's what we are here for." Another relative told us, "I can get a sympathetic ear when I want one." One health professional who gave us feedback prior to us visit told us, "All staff are friendly and approachable; it is evident that they have a personal relationship with the residents, they show care and compassion."

We observed staff interactions with people and we saw staff were kind and caring to people when they were supporting them. People looked relaxed and comfortable with staff and it was clear staff knew people's needs and preferences. One person told us, "Staff know me and (there is) not much that I dislike." A relative told us, "They talk to [Relation] by [preferred name] and know them well." During our visit we observed that staff knew people well and that there were positive relationships. For example, one person liked to tease staff and we saw that staff understood this and took it in good humour, sharing a joke with the person as they walked past.

People we spoke with told us they got to make choices, for example about when and where they ate, how they spent their time and what activities they did. We observed people's choices were respected on the day of our visit. A high number of people chose to spend time in their bedroom watching the television or reading and this was respected. We saw that people had the opportunity to suggest activities and food menus during regular meetings held in the service. We saw in care records that information was recorded to ensure staff knew what choices people were able to make themselves and what they would need support with.

We saw that people and their significant others had been supported to develop a plan for when they reached the end of their life. These were written in an easy read format which people could understand and we saw the plans took into account all aspects of the support people wished to have. One person described staff sitting and speaking with them about this and said, "They chatted with me about when my time comes and what do I want." Staff described the Chaplain employed by the service and how they valued the Chaplain's interventions with people who were nearing the end of their life. We saw a relative had left positive feedback on a review website saying, 'Our family cannot praise and thank you enough for the care shown to [relation] in their final days. During [relation's] final days, [relation] was treated with dignity and loving care. We couldn't have asked for anything more.'

People had opportunities to follow their religious beliefs and their cultural needs were planned for. People described visits from members of their chosen faith and arrangements were made for some people to attend their local place of worship. People told us about a part time sessional chaplain who visited the service twice a week. He was considered useful and welcome by people we spoke with and by staff. People

told us they valued weekly personal chats with the chaplain who led a two weekly service at the home. One person told us, "I see the chaplain regularly. He comes and talks to me. I find him very useful." The Chaplain had also created links to other places of worship to support people to have access to these. A relative told us that their loved one was taken to a local church from time to time and also enjoyed visits from a representative of a local religious group. Information about any cultural and religious preferences was contained in people's care plans.

We spoke to the registered manager about the use of advocacy services for people, an advocate is a trained professional who supports, enables and empowers people to speak up. The registered manager told us that one person was using this service. Information was available for people should advocacy be required.

People were supported to have their privacy and were treated with dignity. The provider told us in the PIR that all staff undertook Methodist Home's 'Living the Values' training which explained and re-enforced the values of supporting people in a respectful way, which is essential to their wellbeing. People and relatives we spoke with told us they felt that staff were respectful. One person told us, "Staff always knock on the door before they enter. I'm always decently dressed, so not much to worry about there." Another person said, "I like my door open, but staff still always check if it's alright to come in to my room." The relatives we spoke with told us their loved ones were treated with dignity and respect. One relative said, "Staff ensure that [my relative] is dressed how they prefer." Another relative told us, "They respect [relation]. They always knock on the door and speak politely."

We observed people were treated as individuals and staff were respectful of people's preferred needs. When staff needed to discuss personal matters about people's care they did so in a discreet manner. Staff told us they were given training in privacy and dignity values. Staff we spoke with showed they understood the values in relation to respecting privacy and dignity and information was on display to remind staff of these.

Good

Is the service responsive?

Our findings

People and their relatives were involved in planning and making choices about their care and support. The registered manager told us that people were invited to attend meetings to review their care and support and we saw records which confirmed this to be the case. We saw that where people were able, they had signed their care plan to confirm they were happy with the contents. The relatives we spoke with told us that they felt they were involved in their relation's care and support and that staff kept them updated about any changes. One person told us, "Yes I have a care plan. They bought it up last week, discussing my health and that. They told me my medication and what it does." A relative told us, "[Relation] has a care plan. I signed it off last week." They went on to describe discussions which were held about their relation's support and told us this was recorded and suggestions discussed.

One person said, "I am happy with the care I get here, it's a good place." The relatives we spoke with felt that their loved ones were well cared for. One relative said, "[My relative] is happy here, they are well cared for."

Staff were responsive to people's needs and ensured that care was provided at the right time. For example, one person was at risk of their skin breaking down and staff regularly helped them to change their position to reduce the pressure on their skin. However, there was a risk that staff may not be aware of the appropriate action to take because care plans did not always provide sufficient guidance. For example, one person had diabetes but their care plan did not inform staff of the signs and symptoms that they may be unwell or what action they should take. The staff we spoke were able to describe what they would do in this situation. The registered manager took action to address this straight after our visit.

We saw people were assessed prior to admission to check that their needs could be met with the staffing and facilities at the home. In each care plan there was information recorded on a document which detailed people's preferences in relation to their care and support. This included details of their life and achievements. Care plans were then written to give staff the information they needed to meet the needs of the individual. We saw that people's care plans contained information about people's physical and mental health needs and guided staff in how to support them.

People were supported to follow their interests and take part in social activities. The provider told us in their PIR that they had an activities organiser, supported by a group of volunteers to provide people with activities. They told us they were recruiting further volunteers to increase their pool with a diverse range of skill sets, such as crafts, baking, gardening, art and computer skills. They told us they were planning to include one to one outings in line with their social care, activities and wellbeing policy. People commented on the provision of activities in the home. One person told us, "I enjoyed the pantomime yesterday. I do go out and join in some of the activities." Another person told us, "I join in painting, arts & crafts, quizzes. I enjoy joining in. I also do two exercise sessions each week. My granddaughter and I did the tombola and raised £40.00 for our activities funds." One relative told us, "We have lots of people coming in. I have joined in the chaplain's service in the past."

The activities organiser showed us records of monthly organised events, who had attended and the

evaluation feedback from people following the events. There was a vast choice of activities including arts and crafts, card making, flower arranging, musical events and memories using personal and other photographs sessions and quizzes. A Christmas pantomime had been held the day prior to our visit. The activities organiser told us that when people first moved into the service they would talk with them about their interests and hobbies and encourage their use of the special dedicated activities room. We observed people being provided with activities during the day, such as a quiz and we saw active participation and enthusiasm by people who used the service.

The Heron's monthly newsletter included promotion of the activities on offer and included an article's from people who used the service. The programme of events was also displayed in two different settings on notice boards. We saw there were also good links with local businesses, to raise funds for activities. The service supported volunteers from the local comprehensive school, college and University. The volunteers undertook befriending with people to encourage conversation and stimulation and people who used the service spoke positively about looking forward to the volunteers coming. One person told us, "I enjoy crosswords and football on the TV. I don't join in the activities but I do enjoy the volunteers coming to speak to me."

People knew what to do if they had any concerns. The people and relatives we spoke with told us they would speak to the registered manager if they had a problem or concern. They told us they felt they would be listened to. One person described an occasion when they had spoken with the registered manager about an issue they were worried about. They told us they had been listened to and their request listened to and said, "The manager reassured me and gave me support." A relative told us, "I am aware of the complaints procedure. It's in the office and I would go to the manager."

The registered manager told us they had received one complaint in the last two years and we looked at the records of this and saw the complaint had been dealt with by the head office of Methodist Homes and the complaint had been responded to in line with the complaints procedure. Staff were aware of how to respond to complaints if they arose and there was a complaints procedure in the service so that people would know how to escalate their concerns if they needed to.

Requires Improvement

Is the service well-led?

Our findings

We found that the systems in place to monitor the quality of the service were not always effective in identifying issues. The registered manager undertook audits in relation to different areas of the service such as infection control audits and we saw these were effective with the service being very clean and hygienic. However, we found some issues with some of the care plans we looked at and although the registered manager took action to address this, the audits in place to check that care plans were up to date had not identified the issues we found. For example, we found that not all safety measures were detailed in one person's care plan. The registered manager told us that staff were carrying out regular safety checks on this person. This was not in their care plan and staff were not recording any such checks.

The registered provider also oversaw the running of the service and ensured people were happy with the service being delivered. An area manager visited the service on a regular basis on behalf of the provider. The area manager undertook audits of the service when they visited to assess the quality of care and to give the registered manager an action plan to work towards where there were any issues which needed addressing. The provider told us in the PIR that they had a central quality business team who ensured that care standards were monitored and that The Heron's was allocated a quality business partner to carry out assessments of quality in the service and to provide additional training for all staff as identified. Following our visit the provider told us the quality business partner was working with the registered manager to address any shortfalls we had found and the registered manager provided us with evidence of improvements made and a plan of how they would address remaining areas.

Additionally the registered manager used a dependency tool to assess how many staff were needed on duty and this had not been effective in increasing staff at some peak times of the day. Some of the people we spoke with told us that at certain times of the day they had to wait for support from staff. We spoke with the area manager for the service about this and they assured us they would identify the peak times by analysing the call bell system and through consultation with people and that if it was identified that additional staff were needed this would be done.

There was a registered manager in post and people we spoke with knew who the registered manager was and we saw they responded positively to her when she was speaking with them. We found the registered manager was clear about their responsibilities and they had notified us of events in the service. People and relatives we spoke with commented positively about the registered manager with one person saying, "The place is well managed." Another person said, "It is quite relaxed here, I am happy to speak to anyone." The relatives we spoke with also felt there was a positive and happy atmosphere at the home. One relative said, "It is always like this (relaxed), the place runs very efficiently." Another relative told us, "You can talk to the manager. She is easy to chat to. The place is well organised." Another relative said, "Lovely staff including office staff. Jobs get done. Cooking, catering all comes under management lead. Seems to be run quite well."

We saw there had been a high number of written compliments sent to the registered manager and staff. Comments in letters and cards included, 'The Herons was home and you had become part of [relation's]

family', 'We can only thank you for the caring way you looked after [relation]' and 'The standard of care has been second to none.'

People lived in an open and inclusive service. The staff we spoke with told us they felt supported by the registered manager and told us they could discuss any issues with them at any time. During our visit we observed that staff were able to approach the registered manager or deputy manager as required. Staff told us they enjoyed working at the service with one member of staff saying, "The staff turnover is minimal. The environment for staff is very helpful." During our visit the atmosphere was relaxed and we saw that staff worked well together, maintaining communication with their colleagues. The deputy manager and senior carer maintained a presence 'on the floor' and staff commented positively about their supportive approach. The provider told us in the PIR that the registered manager ensured there were regular staff meetings held, to ensure that key areas of the service could be discussed. We saw from records that these were used to reinforce clear messages about expectations of staff whilst at work. There was also the opportunity for staff to speak up and raise any issues they wanted to discuss. Staff were also given the opportunity to have their say about the service in an annual survey and following the survey an action plan was put in place to inform staff of any improvements planned.

People who used the service, their relations and other visitors were given the opportunity to have a say about the quality of the service. There were meetings held for people who used the service so the provider could capture their views and get their suggestions and choices. One person told us, "I have been to a residents meeting which was very good. I keep saying good but I mean it!" We saw the minutes of the last two meetings and saw people had been given the opportunity to have their say. The records we saw showed that these were well attended and that people were invited to raise any items they wanted to discuss. Action was taken in response to people's feedback. For example, one person suggested the introduction of a tea trolley at during the morning and afternoon. This had been implemented and we saw this in operation during our visit.

People spoke of new directives being trialled in the service by the head office as part of continuous improvement. People described a new directive for creating more choice at meal times which had caused them frustration and which they disliked. We spoke with staff about this and one member of staff described people and their relatives had "revolted" against the new system for choosing meals. A relative and one person who used the service stated that this corporate intervention had created considerable tension and demotivation in the home. However, people told us the new directive had then been revoked and a different directive to promote choice was being trialled.

Surveys had been distributed to people regarding the quality of food provision, the responses received were mainly positive. We saw that feedback forms were sent to people who used the service and their relatives annually and the results of these were analysed and shared with people, with an action plan put into place for any areas which needed addressing. One person told us, "I have done surveys a few times. They ask if you like the food and presentation. People brought up a few points and got them answered."