Care Quality Commission

Mrs Isobel Hellena Wales

Heversham House

Inspection report

Heversham House
Heversham
Milnthorpe
Cumbria
LA7 7ER
Tel:015395 63769
Website:

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 6 November 2015. We last inspected Heversham House on 4 September 2014. At that inspection we found the service was meeting the regulations that we assessed.

The service had a registered manager in post. 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 and associated Regulations about how the service is run.

Heversham House is a residential care home accommodating up to 13 people. It is situated in the village of Heversham close to the market town of Milnthorpe on the edge of the Lake District. The home is a detached Georgian house with many original features still in place and has an attractive and private and sheltered

Summary of findings

walled garden for people living there and visitors to use. There is a large lounge/dining room on the ground floor and a small sitting room on the first floor for communal uses and meetings. There is a small car parking area at the rear of the home.

We spoke with people living at Heversham House and they told us that they felt safe and happy living there. We saw that the people who lived there were well cared for, relaxed and comfortable in the home and the atmosphere was open and inclusive. Everyone we spoke with complimented and praised the staff who supported them and we saw some genuinely affectionate interactions between people living there and staff. We spoke with people in their own rooms and those who were sitting in the communal areas and were told by one person that they felt "Very lucky to have such a lovely home".

People were able to see their friends and families as they wanted and go out into the community with support. There were no restrictions on when people could visit the home. All the people we spoke with told us that staff were "kind" and "friendly" and "always available" when they wanted them. People were asked for their views of the home both formally, using questionnaires and on a daily basis as staff provided support and their comments were acted on. People told us they really felt Heversham House was their home and that their ideas and views were listened to and acted upon.

People were able to follow their own interests, practice their religious beliefs, see their friends and families as they wanted and go out into the community with support. All the people living there we spoke with told us how "caring" and "kind" and "friendly" the staff were and how they made their visitors welcome when they came to visit. People living there were regularly asked for their views and encouraged to participate in the way their home was being run.

We found that there was sufficient staff on duty to provide support to people to meet individual's personal and social care needs. Staff had received training relevant to their roles and additional training to develop and extend their knowledge and skills. Staff were supported and supervised by the registered manager and senior care staff. The home had effective systems when new staff were recruited and all staff had appropriate security checks before starting work.

The staff we spoke with were very aware of their responsibilities to protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of an individual. They told us they would be confident reporting any concerns to a senior person in the home. People living there told us they had confidence in the registered manager and the care staff to keep them safe and act in they were not happy.

The staff on duty we spoke to knew the people they were supporting very well and their lives and preferences. Staff were aware of the choices people had made about their care and daily lives. People had a choice of meals and drinks, which they told us the food was "good" and "lovely" and that they enjoyed their meals.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions themselves. The service worked well with health care professionals and external agencies such as social services and mental health services to provide appropriate care to meet people's different physical and emotional needs.

There were well established and effective quality monitoring systems in place to assess and review the quality of the services provided. We saw from the audit programme that the registered manager and staff were identifying areas of service provision that could be improved to meet their internal quality standards and people's expectations.

Care records were personalised, up to date and accurately reflected people's care and support needs. The care plans included information about peoples' likes, interests and background and provided staff with sufficient information to enable them to provide person centred care. We observed people living there were cared for compassionately and with respect.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were handled safely and people received their medicines appropriately. Medicines were stored safely and records were kept of medicines received and disposed of so all could be accounted for.

Staff understood their responsibility to safeguard people and what action to take if they were concerned about a person's safety or wellbeing.

There were sufficient staff to meet people's needs and they had been recruited safely with appropriate pre-employment checks

Risks had been appropriately assessed as part of the care planning process and staff had clear information on the management of identified risks.

Is the service effective?

Good

The service was effective.

Staff had received training and supervision to make sure they were competent to provide the support people needed.

People's rights were protected because the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards were followed when decisions were made about the support provided to people who were not able to make important decisions themselves

The management and staff worked well with other agencies and services and people received the support they needed to maintain their health

Is the service caring?

Good

This service was caring.

People told us that they were well cared for and we saw that the staff treated people in a compassionate and respectful way and that their independence, privacy and dignity were protected.

Staff demonstrated detailed knowledge about the people they were supporting and their conditions, backgrounds, their likes, dislikes and preferred activities.

Information was available on how to access advocacy services for people who needed someone to speak up on their behalf.

Is the service responsive?

Good

The service was responsive.

A variety of activities were available within the home. People were empowered to make decisions about how they lived their daily lives.

People were supported and encouraged to actively engage with the local community and maintain relationships that were important to them.

Summary of findings

There was a system in place to receive and handle complaints or concerns raised.

Is the service well-led?

Good

The service was well led.

The registered manager and provider had provided staff with appropriate support and leadership and were passionate about providing excellent quality of care to people who lived there. All staff worked effectively as a team to ensure people's needs and preferences were met.

There were effective quality assurance systems in place designed to both monitor the quality of care provided and to drive improvements within the service.

The registered manager and staff were open, willing to learn and worked collaboratively with other professionals to ensure peoples' health and care needs were met.

Heversham House

Detailed findings

Background to this inspection

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

We visited the home on 6 November 2015. Our visit was unannounced and the inspection team consisted of the lead Adult Social Care Inspector for this service.

At the time of the inspection there were 11 people using the service and one person on a respite visit. During our inspection we spoke with nine of the people who lived in the home, four care staff, the registered manager and the registered provider. We observed the care and support staff provided to people in the communal areas of the home. We spoke with people in communal areas and in private in their bedrooms. We looked in detail at the care plans and records for five people including medication administration records (MAR) and tracked their care. We looked at records that related to how the home was being managed including training records, maintenance records staff duty rotas and the service's policies and procedures. We attended a staff meeting that was being held on the day of the inspection.

Before our inspection we reviewed the information we held about the home. We also contacted local commissioners of the services provided by Heversham House to obtain their views of the home. We looked at the information we held about notifications sent to us about incidents affecting the service and people living there.

The registered manager of the home had not 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. We were aware of the reasons this had not been done as the registered manager had not received the document before the visit However they kept good records so the information was easily available.

Good

Is the service safe?

Our findings

Everyone we spoke with who lived at Heversham House had positive things to say about life in their home and told us that they felt safe living there and that they were well looked after by the staff. One person told us, “They have made my stay so nice, I cannot praise them too highly, it’s lovely, warm, friendly and has been my home from home”. All those we spoke with told us that the staff were available to help them whenever they needed assistance or “someone to talk to”.

One person told us “I have been so lucky coming here, you hear terrible things about care homes but I am very happy here. They [staff] have helped me settle in, I like this room and this feels like my home now- I am quite content”. Another person said to us “You’ll find no problems here; I’m as safe as houses. It’s a really good place in every sense”.

We looked at care plans for five people and saw that these had been regularly reviewed and updated when changes had occurred so that people continued to receive appropriate and safe care. There were risk assessments in place that identified actual and potential risks and the control measures in place to minimise the risk.

As part of this inspection we looked at medicines records, supplies and care plans relating to the use of medicines. We also looked at how medicines were stored and found that they were stored safely and records were kept of medicines received and disposed of. We saw that the staff administering the medicines had received appropriate training to do so and that they gave people the time and the appropriate support needed to take their medicines. We saw staff preparing and giving medicines to people and found that this was done carefully. We saw guidance or ‘protocols’ in place for ‘when required' medicines so that people received safe and effective treatment when they needed it.

We looked at the handling of medicines liable to misuse; called controlled drugs We looked at the records for these and for the medicines prescribed for end of life care for one person. These were being stored, administered and recorded correctly. Medicines storage was neat and tidy which made it easy to find people's medicines. Medicines stock checks took place each week and were audited by the registered manager and a record kept of this and any action required.

We saw safe recruitment procedures were in place to help ensure staff were suitable for their roles. We looked at the recruitment records of the newest staff and saw this included all the required employment background checks and references. Disclosure and barring service checks had been completed before staff were appointed to positions within the home.

When we visited we found there were sufficient staff on duty to provide nursing and personal care to the people living there. Staff we spoke with told us they found there was enough staff for them to carry out their roles and have the time to spend with people. Staff told us they felt they had the time to “Do my job properly” and also “I am able to give people my time not just personal care”.

All the staff we spoke with knew what action to take if they felt someone needed to be safeguarded from abuse or possible abuse. The care staff we spoke with told us about they had done training on recognising and reporting abuse and this was recorded in training records. They said they would be confident reporting any concerns to a senior person in the home and were confident that they would be listened to.

The premises were clean, tidy and homely and records showed where equipment and premises work had taken place. There were records of maintenance checks and servicing on fire alarms, fire extinguishers and emergency lighting and records indicated that fire drills and fire training took place.

Good

Is the service effective?

Our findings

People told us the staff who supported them knew how they liked to be supported and provided this promptly. We saw that people did receive their care and support in a timely manner. We were told by people living there how well looked after they were. One said "They have not just looked after me really well but jumped through hoops and gone beyond, especially in getting my tablets right, to get me well again".

One person told us "They [staff] always ask me how I feel and am I okay, do I want anything or do anything". Another told us "I am always asked what I want when they help media like to stay in my room so they [staff] come in to me and have a chat and help me with my jigsaw".

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We spoke with the registered manager and staff on duty to check their understanding of MCA and DoLS. They demonstrated an understanding of the principles involved and how to make sure people who did not have the mental capacity to make decisions for themselves should have their legal rights protected.

We observed no practices that placed restrictions upon people living there. We saw people moving freely around the building alone or with support from staff.

The care plans had information on who had a Power of Attorney (POA) in place. Powers of Attorney show who has legal authority to make decisions on a person's behalf when they cannot do so themselves and these may be for financial and/or care and welfare needs. The plans did not make it clear if the PoA was for just finances or if it was also for health and welfare issues. The registered manager was aware of which applied but it had not been recorded for all staff to see. There was not evidence of verification to help make sure that staff could be certain if a person making a decision on someone's behalf had the legal authority to do so. We discussed this with the registered manager who began to address this omission during our visit.

We looked at care plans to see how decisions had been made around their treatment choices and 'do not attempt cardio pulmonary resuscitation' (DNACPR). The records in place showed that the principles of the Mental Capacity Act 2005 Code of Practice were being used when assessing a person's ability to make a particular decision. We saw that these decisions about resuscitation and end of life care had been reviewed and changes in need and people's preferences had been acted upon.

Care and daily records indicated that people had access to health care professionals to meet their individual health needs. The care plans and records that we looked at showed that people were being seen by appropriate professionals to meet their physical and mental health needs. We saw that people's nursing needs were attended to by the district nurses and specialist help had been obtained from them to support people at the end of life.

We saw that all the care plans we looked at contained a nutritional assessment and risk assessment and a regular check was being kept on people's weight for any changes. We saw that if someone had dietary problems or particular requirements the home addressed this. Advice had been taken from the dietician and we saw at the staff meeting that particular nutritional issues for people living there were discussed and a management plan agreed. Staff had attended additional training the previous week on dysphagia [difficulty with swallowing] to help make sure they fully understood the risks and the support people with this condition needed.

Training records indicated that staff were being given the opportunity to do a range of training and were being supported to gain additional qualifications relevant to their work. Two staff had just completed the 'Care Certificate' and others were starting it. The 'Care Certificate' is an identified set of standards that health and social care workers need to adhere to in daily working life. Its aim is to try to make sure all support workers have the same introductory skills, knowledge and behaviours to provide high quality care and support. Staff had also training with the Care Home Education Support Services (CHESS) to keep up with best practices and extend their knowledge.

We saw that people living at Heversham House were being cared for by well trained staff. We looked at the home's training matrix used to manage and monitor the training needs of the staff team. We asked staff about their training and support in the workplace, compared the information in the training matrix with the individual staff training records. We saw that the training matrix accurately recorded details of the training staff completed. We saw the records of a comprehensive induction that new staff had received staff.

Good

Is the service effective?

These records showed staff had completed training in relation to the safeguarding of adults, dementia awareness, MCA and DoLS, safe moving and handling of people, person centred care, the safe management of medicines, first aid, infection control and food hygiene training.

Some staff had received additional training in a variety of topics including end of life care, diabetes, level two nutrition training and some common health conditions associated with aging. The cook in addition to their catering and food hygiene qualifications had training in 'healthier food and special diets'. The home's senior clinical lead had undertaken training with Stirling University in a dementia care learning programme to promote good practice within the home and staff understanding of this condition.

A member of staff had recently completed a training course so they could train people in safe moving and handling and on the safe use of the new equipment and mobility aids the registered manager had bought. The new hoist and mobility aids had been obtained because the registered manager and staff had identified that the moving and handling needs of people were becoming more complex and so a greater range of equipment to help people stay independent was needed. Staff told us how some practical training sessions had given them a real insight into what it felt like to be moved using a hoist as all staff had done so during their training. Staff told us it had made them realise just how vulnerable people might feel using a hoist to be moved.

The emphasis on training and development in the service helped to make sure staff had up to date knowledge of current good practice. Staff received had received formal regular supervision and their training needs had also been discussed at the staff meeting we attended

Good

Is the service caring?

Our findings

We spoke with people living in the home about how they were cared for and how staff supported them to live as they wanted. We were told by one person, “It’s a quiet and peaceful place to live and the beauty of it is [registered manager, provider and staff] make it feel like my home and we are all family”. Another person said “I love this room, I love my home here, I am thankful it’s so very good here and I can be safe and comfortable”. One person told us “I like having the dog and the cat, I have always had animals around me all my life and it’s so nice to have them here to make a fuss of”. We saw a number of people interact fondly with the pets and enjoyed the attention the animals gave them”.

We were told “They [staff] always knock before entering my room and do respect my privacy when they are helping, I can get up and go to bed when I like”. Another person told us. “They [staff] all respect my dignity because there is so little I can do for myself now. It does not matter to me what gender the carer is but I have been asked”. People living there told us “No one rushes me” and “I do not feel I have to do anything just to suit staff, quite the reverse”. A visitor to the home told us “It really is lovely here; they have been so good with [relative] and it’s been a home from home. I just love the whole place”.

We saw as staff went around the home and carried out their duties that they took up opportunities to speak with people. We observed warm and genuine expressions of empathy and concern from staff and a lot of laughter and general conversation. We also saw staff spent time with people visiting them in their rooms and joining them in activities in the lounge and at mealtimes...

Bedrooms we saw had been personalised with people’s own belongings, such as family photographs and mementos to help people to feel at home. We saw staff talking to people in a polite and friendly manner. We saw that staff asked people discreetly if they needed assistance and that bedroom and bathroom doors were always kept closed during personal care. They called people by their preferred names as stated in their care plans. People living there told us that staff “always” respected their privacy.

We saw that the registered manager and staff used a variety of approaches to support and include people throughout the day. Staff had been trained and used approaches to help them support people with dementia better. This included 'the butterfly approach' that helped staff connect better with the people they cared for using short minute by minute 'activities' throughout the day. We saw that staff did not go past a person without engaging with them in some way, saying hello, making positive comments about their appearance or what they were doing and asking about their families and if they needed anything.

Staff had been trained in this with learning tools from the ‘Care Sector Alliance Cumbria’ (CSAC). CSAC is a membership organisation made up of charitable and private organisations all providing social care and support throughout Cumbria. They support the workforce development of their members and contribute to the delivery of higher quality dignified services. They also had networks to enable members to share good practice, discuss social care challenges and work on common projects.and the home was part of their multi-agency dignity steering group. The registered manager told us “We all just want to make people happier if we can”.

We could see that this frequent engagement helped lift people's mood and wellbeing. Staff told us about the ‘butterfly approach’ in supporting people and the importance of “The little things that really perk people up”. We were told by one person living there "They’re (staff) a very sociable lot and forever asking me how I am feeling or do I have everything I need like my crosswords and television guide”.

We spoke with the care staff on duty when we visited. And we were told that they enjoyed their work and that it was “A lovely atmosphere to work in” and that it was “Homely and relaxed”. Staff told us they were "A close team" and believed they worked flexibly to make sure there were always enough staff available to meet people's different needs. We were told "We have the time to get to know people really well and also their families".

Senior staff had attended training on supporting people at the end of their lives. The home had an ‘End of Life Champion’ to act as resource and support to staff. The registered manager and care staff with were very clear about the importance of providing holistic care at the end of a person’s life. We were told by staff “We always sit with someone if they are going down. We have the time to give them the love and care they deserve”. Another staff member told us “Everyone here does their best for residents, I can go home knowing I have done my best”.

Good

Is the service caring?

Relatives were welcome to stay when someone's condition was deteriorating. We could see that the home had worked with the district nurses and specialist MacMillan nurses to provide high quality end of life care and support to people and their families.

People's end of life needs and care preferences had been reviewed in light of changing needs and as part of the' Six Steps' palliative care programme. Staff had also been able to take part in this palliative care programme through hospice facilitators. This programme supported staff to develop their skills and roles around end of life care so people receive timely care and support as their condition deteriorates.

We saw that people's future preferences about care had been discussed with them, where appropriate, as part supporting them to make choices about their future care, should their condition change. For example some people had 'Emergency Health Care Plans (EHCP) in place to help ensure they had timely access to the right treatment and specialists. The EHCP informed healthcare professionals of the person's wishes and any treatment they wanted to receive.

We saw that people were supported to maintain their independence and control over their lives as much as possible. Risk assessments were in place to allow people to keep their independence in ways that mattered to them such as accessing outdoor spaces when they wanted to.

Procedures and information about support agencies such as advocacy services that people could use. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes if they want support. This service had been offered to one person recently to help them with making a decision about care.

Good

Is the service responsive?

Our findings

The people living at Heversham House told us that staff respected their choices and also helped them take part in activities and pastimes they enjoyed. We saw that people were encouraged to take part in activities that held meaning and purpose for them. For example baking and small household tasks like setting the table and folding the napkins ready for use.

We were told by people living there about the "jam tart mornings" where large quantities of these cakes were made. A person involved making them told us they really enjoyed doing this as they had always done baking and also that the cakes "Never last for long, we all enjoy eating them as much as I do making them". We were told another such baking day was planned for the next week and the person told us they would be doing some shopping first as they were "Planning something different".

We saw and people told us that they chose how to spend their time. We saw people chatting together and with staff and visitors in the lounge and spending time in their own rooms.

We were told by people living there "I have no complaints, I might make a compliment though, it's my home here and I am very satisfied and quite content". Another person said, "No complaints, we would just say if we were not happy, this is a very happy home".

Activities and conversations were going on in the lounge when we visited and it was a relaxed atmosphere. We saw and people told us that they chose how to spend their time. We saw people chatting together and with staff and visitors in the lounge and spending time in their own rooms.

We joined a group of people playing dominoes and we talked about the things they had been doing over the summer and their annual summer fair. Each year they held a summer fair in the grounds of the home and raised money for a charity they had decided to help that year. This year it had been for the RSPCA. They told us that the event had been well attended by the local community and we saw the photographs they had taken at the event and of other activities and entertainments that had gone on in the home over the last year.

We attended the staff meeting and saw that staff discussed people's needs in a person centred and sensitive way and where staff felt there needed to be more attention and monitoring. For example greater nutritional monitoring for one person and monitoring the fluid output of another person. The registered manager was also checking that all staff understood how to do the exercises the physiotherapist had advised for one person and gave feedback on an occupational therapy assessment that had been done for one person.

At the staff meeting a forthcoming party in the home was discussed. This was for afternoon tea with a Downton Abbey theme. People living there were involved in planning this and making invitation cards, bunting, banners and the napkins.

We were told by people, and we saw from the records that people were able to follow their own beliefs and practice their faiths. There were monthly multi denominational religious services held in the home for anyone who wanted to participate and people could see their own priests and ministers if they wanted. One person told us they had gone out to the local church that was across the road. They told them they liked to do this as they used to live locally so could still see people they knew.

We saw that people had been involved in putting what they wanted in their care plans and where possible had signed to agree the plan being in place. People had the opportunity to take part in helping to develop life histories and also relatives had been involved. Information on people's preferred social, recreational and religious preferences were recorded in individual care plans. This helped to give staff a more complete picture of the individuals they were supporting. Staff we spoke with knew about the person and their families not just about their care needs.

The service had sought advice and information on different activities people might want to try and had used the Care Sector Alliance guidance on this to get more ideas. The service also worked well with external agencies such as social services and mental health professionals to provide appropriate care to meet people's physical and emotional needs. Records were kept of the activities that people had taken part. There were individual activities such as going out for a walk with a member of staff, hand massage and foot spas and group activities such as 'keep fit', bingo,

Good

Is the service responsive?

crafts, scrabble and reminiscence sessions. People told us how much they had enjoyed having outdoor events like the birds of prey visit and demonstration. One person told us "I loved the owls".

We looked at the care plans for people with complex healthcare needs and saw that these had been regularly reviewed so that people continued to receive appropriate care. For example we saw that as one person had become frailer and less able to join in socially that their care plan had been reviewed to address this to help reduce the risk of them becoming socially isolated. This was more one to one time talking, reading and physical contact such as hand massages.

The service had a complaints procedure that was available in the home for people. This could be made available in different formats such as large print if requested or needed by people. The registered manager had a system for recording, investigating and learning from any complaints they received. No formal complaints had been made since our last visit. The registered manager told us they dealt with people's concerns as and when they arose to address any issues quickly. One person living there told us "Everyone is told just say if something is not right".

Good

Is the service well-led?

Our findings

Everyone we spoke with who lived at Heversham House told us that they felt that this service was being well managed and that they were listened to and that their views influenced the way their home was run. One person told us it was "A good home, good people" and that it was "Very open, I say what I think and am listened to". Another told us "I know it's well run, I think they are very good people indeed in charge and we are a very happy home". It was evident from speaking to people living there that felt this was their home and that they valued the efforts of the registered manager and staff to make them feel included and listened to. We were told "We are like a family, an extended family; I can safely discuss anything with [registered manager] or my carers". One person told us "I trust [registered manager] absolutely, she is so good to us and I can always rely on her".

We looked at the thank you cards and letters that had been sent to the registered manager and staff from people's families and relatives and people who had stayed for respite care. All praised the high standards of care and support in the home and many praised how well the service was run and the "homely" and "family atmosphere" with the home.

The home had a registered manager in place as required by their registration with the Care Quality Commission (CQC). The registered manager was clear about what more they wanted to continuously improve the home for people living there. All the staff we spoke with told us that they were well supported in the home to undertake training, develop their skills and take part in the development of the services. They said they had regular staff meetings to discuss practices, share ideas and any areas for development. One staff member told us, "The manager is forward thinking, we all work together and we are well organised here". We saw during our inspection that both the registered provider and manager were accessible to staff and people living in the home and spent a lot of time with the people who lived in the home talking with them and. Spending time interacting socially.

Staff said they felt able to raise any concerns with the registered manager and that they felt able to suggest ideas for improvement. Staff said when they had their supervision they had the opportunity to raise any concerns, request additional training and to discuss their performance. Staff morale was high and staff we spoke with were enthusiastic about their work and told us "We talk all the time, we all work together, the manager alongside the staff".

Staff fed back on anything they were concerned about and strategies were considered to discuss with people living there where a change might be needed. For example how to approach with someone their changed mobility needs and the need to use a new hoist for some aspects of care. Staff told us they had received training to use the new equipment and also said "We have all been hoisted and we know how strange it feels".

Changes that needed to be assessed by nursing and medical professionals were raised for the attention of the district nurse or GP visits and any issues that needed to be followed up. This open forum allowed for the exchange of information so everyone had a current overview of what was happening and what the plan was for a particular need or situation. Minutes of the meetings were kept and all staff received a copy so all were kept up to date even if they were on leave.

The registered manager had notified the CQC of any incidents and events as required by regulation. Incidents were reviewed by the registered manager to identify any patterns that needed to be addressed. There was regular monitoring for individual risks to check if there was a theme or pattern emerging that needed to be addressed. We saw that this was being done formally with falls monitoring.

We found that the registered manager and staff were passionate about providing excellent quality of care to people who lived there and were constantly looking for ways they could improve the quality of life of the people who lived at Heversham House. The home was part of a local 'manager's meeting' group. This was a group of managers in Cumbria who met regularly to share good practice and different methods to develop services, to question practices, access funding and discuss local issues and develop learning tools.

The group had obtained funding to make their own care video about the different pressures staff might find in caring for people and view these of different perspectives and impacts on people. This was now being used as a learning tool within care homes. Healthcare professionals were also invited to give practical updates and at the last

Good

Is the service well-led?

meeting they had a talk from a palliative care nurse. We found throughout the inspection that training and developing staff was given a high priority to help ensure high quality care that was evidence based.

The registered manager had joined the 'Social Care Commitment'; this is for employers and employees across the whole of the adult social care sector to sign up to the commitment, pledging to improve the quality of the workforce. The commitment is made by signing up to seven 'I will' statements and their supporting tasks. The tasks help workers and employers put the commitment into practice. It has been developed in consultation with those working in the sector and aimed to have a real practical impact in workplaces.

We saw that using this approach the registered and manager and staff had done work with people living there to find out if there was anything in their daily lives they would like done differently that would make them happier. They found that there were some apparently small things they could do that would make a difference to some people such as having some homemade soup for supper and some different drinks with meals. The registered manager told us the exercises and tasks did have a real effect on practices.

We found that there were effective systems being used to assess the quality of the service and care provided in the home. This monitoring system included a programme of audits undertaken to assess compliance with internal standards and in line witch's essential standards. The home's records were well organised and staff were able to easily access information from within people's care notes.

We saw that regular audits had been done on care plans and care records, medication records, stock and storage, the premises and environment and staff training. Maintenance checks were being done regularly by staff and records had been kept and we could see that any repairs or faults had been highlighted and acted upon. Every room in the home was subject to an environmental risk assessment to try to minimise any risk to people in their rooms.

People told us that they could speak to the registered manager at "any time" and about "anything" and we saw this during the inspection. We also saw that an annual satisfaction surveys were done to get people's views of the service and these were being collated for presentation and so people could see what had been done in response. We looked at the survey responses and all were positive about the care. We saw there was a request for more books made. The registered manager had already addressed this and the mobile library was now visiting. This indicated to us that the registered manager and provider listened and responded to suggestions made by the people who lived there and staff working there.