

Heathers Care Home Limited

# The Heathers Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 9 May 2017 and was unannounced.

The Heathers Nursing Home provides nursing care for up to 45 people, some of whom may be living with dementia or a physical disability. At the time of this inspection there were 36 people living in the home. Accommodation is over a single story and people benefit from a number of communal areas and gardens.

There was 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 2008 and associated Regulations about how the service is run.

The service had procedures in place that minimised the risk of employing people not suitable to work with those that used the service. Staff received an induction, ongoing training and regular support to ensure they had the appropriate skills and knowledge to perform their role.

We saw that staff worked well as a team, were supportive of each other and contributed to a positive culture within the home. This all helped to ensure that the service was warm, welcoming and effective. There were enough staff to meet people's needs in an individual and unhurried manner.

Care and support was delivered in a kindly and respectful manner. The service understood the need to make people feel valued, in control of their care and empowered. Humour and laughter were used to build relationships and people had confidence in the staff.

People's privacy was respected and dignity considered in all aspects of the service provided. Independence was promoted and people were supported to make choices. Staff understood people's backgrounds and life histories and how these might impact on the support they required.

Procedures were in place to help protect people from the risk of abuse and staff had knowledge of these. Risks to individuals, staff and visitors had been identified, assessed and managed with preventative measures considered and implemented. Accidents and incidents were recorded and used to minimise future risk. People received their medicines as prescribed and good practice guidance was followed.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service had a robust knowledge of this legislation and fully adhered to its principles. It understood the importance of its implementation.

People were fully involved in the planning of the care and support they received and any changes required in order to meet their developing needs. People received care that was individual to them and that had been considered and discussed in order to provide the best holistic outcomes for them. Care plans were person

centred and clearly demonstrated a service that put those who used the service at the centre of decisions.

Nutritional needs were met and people had access to healthcare provision. The service was proactive and preventative in their approach to these needs. Healthcare and community professionals had confidence in the home and told us that it delivered a good quality service.

The service provided varied activities and we saw that people engaged in these. People were supported to follow their interests. Staff knew those they supported well and had developed meaningful and trustful relationships with people and their families and friends who were welcome at any time.

The registered manager demonstrated knowledge, accountability and passion in their role. They had an ethos of open-mindedness and were proactive in order to make the service the best it could be and was motivated in doing so. They openly welcomed suggestions and sought feedback to drive improvement. Regular audits were in place to assist in assessing and monitoring the quality of the service.

People had confidence in how the service was managed and told us that the registered manager was visible, approachable and helpful. People told us they were happy living in The Heathers Nursing Home and would recommend the service.

## 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.

The people who used the service told us they felt safe living at The Heathers Nursing Home and that there were consistently enough staff to provide care and support when needed.

The risks to those that used the service, staff and visitors had been identified, assessed, managed and regularly reviewed. Staff had knowledge in how to identify and report any potential symptoms of abuse.

People received their medicines safely and appropriately and staff followed good practice guidelines in the management of medicines.

### Is the service effective?

Good ●

The service was effective.

People benefitted from receiving care and support from staff who were trained and supported to meet specific needs.

The service had a good knowledge of the MCA and were compliant with it.

People told us that their healthcare and nutritional needs were well met by the service.

### Is the service caring?

Good ●

The service was caring.

People spoke highly of the kindness of staff and told us they received considerate care and support.

The service had an understanding of the positive impact that people experienced when they were valued and appreciated.

People, and appropriate others, had been fully involved in the planning of the care, support and treatment they received.

### Is the service responsive?

Good ●

The service was responsive.

People received a service that was personal to them and staff supported their lifestyle, interests and preferences.

The activities provided had been considered to ensure they met people's needs, was varied and provided stimulation both physically and mentally.

Those we spoke with had no complaints to raise. However, where complaints had been raised, we saw that these had been investigated and responded to quickly and appropriately.

### Is the service well-led?

Good ●

The service was well-led.

People had confidence in the how the service was managed and told us they were happy living at The Heathers Nursing Home.

Staff worked well as a team, were supportive of each other and assisted in ensuring the atmosphere of the home was warm, welcoming and friendly.

Effective systems were in place to monitor the quality of the service and help drive improvement as required.

# The Heathers Nursing 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 9 May 2017 and was unannounced. One inspector and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. 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. We also contacted the local authority safeguarding team, the local authority quality assurance team, a GP surgery, a social care professional and three healthcare professionals for their views on the service.

During our inspection we spoke with six people who used the service and six relatives. We also spoke with the registered manager, the administrator, the maintenance person, one cook, two nurses and two care assistants. We observed care and support being provided to the people who used the service, lunch being served, activity sessions and a meeting held between the registered manager and those that used the service and their relatives.

We viewed the care records for three people and the medicines records for six people who used the service. We also looked at records in relation to the management of the home. These included the recruitment files for three staff members, staff training records, compliments and complaints, quality monitoring audits and minutes from meetings held.

# Is the service safe?

## Our findings

All of the 11 people we spoke with in regards to the service's ability to keep people safe, agreed they had no concerns over this aspect of the service. People felt safe, secure and cared for in the knowledge staff were available to support them. People told us that there were enough staff to meet their needs and that they received their medicines when required and in a safe manner.

One person who used the service said, "I feel very safe and comfortable here. If I need any help at any time I just need to ask or press my buzzer and someone will be there to help. They [staff] are very good at keeping an eye on me." Another person told us, "I definitely feel very safe here and have no concerns for my safety." A third person explained, "At first I used to want to get out and go home, but they [staff] have managed to help me feel safe here."

The relatives we spoke with had no concerns about the safety of their family members and felt reassured by the service delivered. One told us, "I feel my [relative] is safe here. There are always carers on call who keep an eye on [relative] and provide help when needed." Another relative said, "My [relative] is very safe here and we have no worries about them while they are here." They went on to explain that this was because, "They [staff] are watchful and make sure that [relative's] needs are met whenever [relative] needs help." A third relative we spoke with said, "I know [relative] is very safe here."

The staff we spoke with explained how they helped to protect people from the risk of abuse and knew local procedures for reporting any concerns they may have. They knew how to report concerns both inside their organisation and externally. Staff told us that they had confidence the registered manager would promptly and appropriately deal with any concerns they may raise. They told us that they had received up to date training in safeguarding adults and the records we viewed confirmed this.

The service had identified, mitigated and managed the individual risks to people who used the service. These included where people were at risk of falls, pressure areas, malnutrition and harm associated with swallowing difficulties. For example, where one person had been assessed at risk of falls, the service had taken into consideration factors such as their medical history, mobility, the environment, any equipment used and any impact prescribed medicines may have. The service had also considered the risks associated with people not being able to use the call bell system and taken actions to address and mitigate this.

The risks associated with the premises, equipment and working practices had been identified and managed in a way that helped to mitigate them and keep people safe. These included risks associated with moving and handling processes, trips outside of the home and staff turnover. Regular maintenance checks, servicing and equipment inspections were also in place to mitigate risk. These included regular checks and maintenance on the fire detection and management systems. In addition, the service had a major incident plan in place to manage the risks associated with adverse events and to aid service continuity. These included events such as utilities failure, loss of technology, staff shortage and severe weather.

Accidents and incidents had been recorded and showed that appropriate immediate and subsequent

actions had been taken in order to mitigate risk of harm. These had been analysed and an overview was in place to help further reduce future occurrences and identify any contributing factors.

The provider had procedures in place to help reduce the risk of employing staff who were not suitable to support the people who used the service. This included completing Disclosure and Barring Service (DBS) checks (which helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups), gaining two references and requesting identification, including photographic. The staff we spoke with confirmed these checks were in place prior to them starting in post.

All the people we spoke with told us that there were staff available to support them and that their needs were met in a timely manner. One person who used the service told us, "They [staff] are always there when I need help." Another person said, "If I need anything there is always someone who can help me at any time." A third person explained, "The staff here are good at responding if I need anything." People's relatives agreed. One told us, "There is always someone around if [relative] needs anything and they never have to wait." Another relative said, "Staff respond well if [relative] needs help." Staff agreed that there were enough of them to meet people's needs. When we asked one staff member what the best thing was about the service, they told us, "People's needs are met."

During our inspection we saw that people's needs were met in a timely manner and that people did not wait for assistance and support. We saw that the shift ran smoothly and calmly with staff providing support in an unhurried manner. When one person asked for assistance whilst in a communal area of the home, we saw that a staff member was quick to provide the support they required.

People received their medicines as prescribed and good practice was followed in the management and administration of medicines. Those that used the service, and their relatives, told us that they received their medicines on time and that they had no concerns in how the service managed this. One person who used the service said, "I always get my tablets each day and the nurse is always on time morning and night." Another person told us, "You can set your clock with the drugs round. They [staff] always make sure I take my tablets." The relatives we spoke with agreed and told us that staff always waited to ensure that people had swallowed their medicines.

We looked at the medicine administration record (MAR) charts and associated documentation for six people who used the service. This was to see whether they supported the safe administration and management of medicines.

The MAR charts we viewed were legible, accurate and complete. Identification sheets including photographs were in place for each person to reduce the risk of medicine administration errors occurring. However, information on how people liked to have their medicines administered was not in place. Where people were prescribed medicines on an 'as required' basis, detailed information was available to staff that helped ensure people received these medicines safely and appropriately. Information was recorded whenever these medicines were administered. Stock counts were in place for all boxed medicines and we found that for those we checked, these were accurate. Where people were prescribed topical medicines, clear and detailed administration instructions were in place and we saw that these were complete. Where people had been prescribed insulin, we saw that this was stored correctly and that charts were in place that gave information on the rotational administration of the medicine. There were additional charts to record the application and removal of skin patches.

During our inspection we saw that medicines were stored securely at all times and that only allocated and trained staff had access to them at any time. The area where medicines and clinical equipment was stored

was clean and tidy. The temperature of this area had been recorded on a regular basis to ensure medicines were stored at the correct temperature. The records we viewed confirmed that staff who administered and managed medicines had received recent training in this.

We concluded that people had received their medicines as the prescriber had intended and that good practice guidance was followed in the management and administration of medicines.

## Is the service effective?

### Our findings

People spoke positively about the skills and knowledge of the staff that worked at The Heathers Nursing Home. All those we spoke with said staff had the appropriate abilities to provide care and support and that they gained consent before providing assistance.

One person who used the service told us, "From what I have seen the staff here know exactly what they are doing." Another person said, "The staff here certainly know how to do things for me and I cannot fault them." One relative we spoke with told us, "The staff are very knowledgeable about what to do for my relative." A second relative said, "The staff here certainly know what they are doing."

The staff we spoke with told us that they had received an induction and the training they needed to perform their roles. One said of the induction they had received, "Really interesting and beneficial. It taught me what I needed to know." Another staff member said they had job shadowed more experienced staff when they first started to help them get to know those that used the service. Staff told us that they received training in a mixture of online sessions and face to face training. We saw from the records we viewed that staff were up to date with their training and that it was designed to meet the needs of those that used the service. Staff had received training that included supporting those living with dementia, delivering person centred care, pressure care and supporting those that required palliative care.

During our inspection we saw that staff performed their role as trained. For example, staff assisted people in a safe, respectful manner whilst taking into account people's wishes. We saw staff assist a person into a wheelchair that showed safe moving and handling techniques. We also saw that staff ensured people were in a safe, appropriate and comfortable position prior to assisting them to eat and drink.

Staff told us that they felt supported in their work and that help was available from colleagues and management should they need it. One staff member described their colleagues and the registered manager as, "Very helpful." They went on to explain that colleagues were intuitive in their work and that they were good at seeing ahead in relation to what was needed to be done to provide care and support to people. Another staff member told us that their colleagues had been very good at answering their questions when they first started in post. They said, "Everyone's been brilliant."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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 a good knowledge of the MCA and the service worked within its principles. Where required, people's capacity to make decisions had been assessed and best interests decisions made with appropriate others. These had been reviewed on a regular basis to ensure they were still appropriate. Detailed and appropriate DoLS had been submitted and for those with DoLS authorisations in place, we saw that these were met by the service and detailed in care plans. Where others had legal authority to make decisions on people's behalf, we saw that the appropriately official documentation was in place and adhered to. Staff had received training in the MCA and DoLS and demonstrated a basic knowledge in its application.

People told us that staff always gained their consent before providing care and support. One person who used the service said, "The girls [staff] always ask before they do anything for me." A relative told us, "Staff always make sure [relative] is happy with what they are doing and talk to her." Another relative explained, "They [staff] always ask before doing anything for my [relative]." Our observations during the inspection confirmed this. For example, whilst in a lounge of the home, we saw a staff member ask a person who used the service whether it was okay to take them to their room as they were feeling unwell. We saw that the staff member waited for confirmation before assisting the person out of the lounge. They supported the person to make their own decision in regards to the situation they faced and respected this decision.

All the people we spoke with were complimentary about the food and drink provision. One person who used the service said, "You can't beat the food here. The kitchen staff are really good and nothing is too much trouble [for them]." Another person told us, "The food here is very good and very pleasant." A third person agreed and explained, "The kitchen is very accommodating at trying to give you what you like." Another person said they could not fault the food whilst a fifth person said, "I am happy with it." The relatives we spoke with agreed.

We observed lunch being served. We saw that the dining room was inviting, spacious and well laid out to take into account people's mobility needs. The tables contained everything that people might need whilst eating their lunch and to encourage a pleasant mealtime experience. The atmosphere throughout lunch was sociable and warm with staff assisting people as required and interacting on a regular basis. We saw that the food served was well presented and matched the options on display. There was a vegetarian choice available. Where people required specialist diets we saw that this was provided and in a well presented and appetising manner. Fresh fruit and a selection of drinks were available throughout the home and for the duration of our inspection.

Staff had knowledge of people's nutritional needs and accurate information was on display in the kitchen. During discussion, the cook demonstrated that they knew the needs, likes and dislikes of those that used the service as well as people's requirements in relation to specific medical conditions. They told us all food was home cooked and that they had recently been experimenting with foods that could be liquidised in order to offer more choice. This was confirmed in a meeting with those that used the service, and their relatives, that we observed taking place on the day of our inspection. During this meeting, we observed that all those present were positive in their feedback in relation to the food provision.

People told us they were happy with the food they received, the choice on offer and the amount they received. They also told us that the kitchen were very accommodating at meeting their wishes. However, we noted that people had to choose what they wished to eat for the coming week which did not fully support the fact people may change their mind from one meal to the next. When we discussed this with the registered manager they accepted and acknowledged this and told us they would investigate a system

where people could choose on a daily, rather than weekly, basis.

People had access to healthcare services and they told us this was well managed by the service. One person told us, "Access to the GP is very good and I can get hearing and eyesight checked at any time." Another person said, "I am able to see the GP whenever I need to." The relatives we spoke with had no concerns in relation to the access to healthcare professionals and the way in which the service managed this aspect of their relatives care. One healthcare professional told us that staff were, "Always extremely helpful" and "Very good" in regards to communicating about people's healthcare and wellbeing needs.

# Is the service caring?

## Our findings

People spoke of a caring service that went to lengths to make sure people were happy and comfortable. They spoke of staff that were courteous, warm and engaging. People told us they were regularly involved in discussing their care needs and the service they received.

Without exception, people told us that all the staff working at The Heathers Nursing Home were polite, respectful and caring. One person who used the service said, "Staff always go the extra mile for us all and always have a smile. They are all very polite and all very cheery which makes a real difference." Another person said, "Staff always speak nicely when they do things for you and are always polite." A third person explained, "Nothing is too much trouble. Staff are all so polite and make sure we are happy with everything." One relative we spoke with said, "The staff know how to care for people here." Another told us, "Staff treat [relative] with total respect."

Our observations during the inspection confirmed people's opinion. We saw respectful, dignified and considerate interactions between staff and those that used the service as well as others. Staff were empathetic towards people and supported them in a way that made them feel valued and promoted their self-esteem. We saw appropriate and warm physical comfort being provided and humour used that demonstrated meaningful relationships had been built.

When we spoke with staff it was clear they understood the care and support people needed and wanted. They could tell us people's needs, likes, dislikes, medical conditions, family circumstances, preferences and identified risks. One staff member demonstrated through discussion that they understood why one person who used the service behaved in the way they did. They were able to explain how the person's working history contributed to their current sleep pattern and showed empathy towards this. They told us how the service accommodated this and adapted the way they provided support to the person to take this into account.

During the inspection we saw a staff member assist people into a lounge where it had been agreed they would read out loud articles from the newspaper. People requested their horoscopes be read first and we saw that the staff member knew the star signs of the people involved. This demonstrated that the staff member knew the people they were supporting. They also showed knowledge in what articles people may be interested in.

People's dignity was maintained and staff interacted in a respectful manner. During discussions with staff, they demonstrated they understood the importance of promoting dignity. One staff member explained how they supported one person with this, taking into account their personal preferences. Another staff member understood the positive impact it had on a person when they provided the right level of support.

We saw in the care plans we viewed that promoting people's dignity and privacy was considered and gave staff person centred guidance on this. For example, one care plan described how important it was for a person to have the door to their room closed, particularly when close family visited. Another care plan

recorded that staff were to use a privacy towel when assisting a person with personal care. It also identified that making eye contact with the person helped them to feel valued. Throughout our inspection we saw that staff were respectful in their interactions with those that used the service, each other and visitors. We saw that people's dignity was maintained including observing staff knocking on people's door and waiting for an answer before entering their rooms.

Staff supported people in their choices and independence was encouraged and taken into account when care was planned. People told us they were able to spend their day as they wished and that the service encouraged this. One person who used the service said, "I am able to go out whenever I want to but I am happy here so it's not very often." Another person told us, "My condition limits what I can do but I am still able to do the things I like." A third person explained, "I am happy here and I have great freedom of choice which I value." Care plans promoted people's independence and this was confirmed by our observations during the inspection. For example, one care plan gave staff detailed information on how they could encourage a person to complete their own personal care.

Those people that used the service and, where appropriate, their relatives, told us they were fully involved in the planning of the care and support they received. One person told us, "Staff check with us if we need to change our care, like if we need more help." Another person said, "I have a review with the [registered] manager every so often to make sure all my needs are being met." A third person explained, "I have regular meetings with the [registered] manager to plan my future care which are very good." The relatives we spoke with agreed and told us they were appropriately involved. One said, "We review [relative's] care at regular intervals to make sure [relative] is safe." Another relative told us, "We are always involved in planning [relative's] care at each review." We saw from the detailed and person centred information in the care plans that the service took time to discuss people's needs with them in order to provide individual care.

The home was welcoming and encouraged people to have friends and family visit. There were no restrictions on visiting and we saw people regularly receive guests throughout our inspection. Visitors were welcomed by staff and the registered manager who took time to talk with them. We saw that visitors were offered refreshments and some stayed to have lunch with their family members. Care plans encouraged staff to offer family members overnight stays when those that used the service were unwell.

## Is the service responsive?

### Our findings

The service met people's needs in an individual and person centred manner. They took time to get to know people and develop care plans and support that promoted choice, self-esteem and overall wellbeing. People's needs were met in a holistic manner.

One person who used the service told us, "The girls [staff] here certainly know what I like and don't like and they always remember that." Another person said, "I think they [staff] know what I like. The care I get is excellent and I cannot fault it." A third person explained, "The staff understand me and we get on really well." One relative we spoke with told us, "The girls [staff] understand my [relative's] needs and I have only positive things to say about the care and support [relative] gets." A second relative said, "[Relative] gets just what is needed." One healthcare professional described the quality of care provided as, "Extremely high."

We viewed the care and support records for three people who used the service. This was to see whether the service had identified, assessed and reviewed people's needs in a person centred manner. From those we viewed, we saw that each person's planned care was individual to them, put them at the centre of the associated decisions and had been reviewed on a regular basis. Care planning decisions had been made with full involvement of those that used the service and those close to them.

Care plans accurately reflected the needs of those that used the service and we saw that staff delivered the care and support that was recorded. Care plans covered all aspects of a person's needs including those associated with both physical and emotional wellbeing. For example, where people had diagnosed medical conditions, care plans were in place to guide staff on the support people required around this. People's personalities, traits, preferences and likes were all considered in relation to meeting their emotional wellbeing and comfort. For example, the care plan for one person explained how sometimes they became frustrated. It demonstrated that the service had taken time to understand why this may be and what actions the staff could take to make this person feel better about themselves. It had recognised that this person took great pleasure in past accomplishments and encouraged staff to discuss this with them to make them feel regarded.

Another person often experienced pain and while the care plan explained why this was and in what area of the person's body they experienced it, the focus was on preventative measures and providing therapeutic comfort. For example, the care plan encouraged staff to find the possible source of the pain and try non-medicinal measures first to counteract the discomfort. It explained that staff needed to ensure the person was warm enough and in a comfortable position. Staff were to assist in ensuring the person's body was in a natural alignment and try comforting touch. Before bed, the care plan explained the importance of making the person's room 'conducive to sleep' by making sure it was 'warm and cosy' and that the person had their preference of two pillows and no light.

Throughout our inspection we saw that people received the care and support they required and chose. We saw that they were involved in this as much as possible. For example, during lunch we saw some people arrive in the dining room with their care records in order for staff to make notes about their nutritional

intake. This demonstrated that people were fully aware of these records and were involved in the implementation and completion of them. We saw that people's rooms were wholly personalised with their choice of decoration, personal items and furniture. For one person, we saw from the decoration of their room that their particular hobby was supported by the home.

A programme of planned activities was available to people who lived in the home. We saw that this was varied, covered seven days a week and was supported by an activities coordinator. Activities encouraged both physical and mental stimulation and interaction and discussion. For example, on the day of our inspection we saw that people were discussing the day's news stories with staff and each other. Magazines and the day's newspapers were available and a large selection of music, books and films were also available. There were a number of communal areas that supported various activities and gave people the opportunity to have some private and quiet space if they wished. One open and dedicated area contained a large number of games and craft items that people could easily access. The home also produced a large monthly newsletter that contained information about up and coming events and reported on past ones. It contained a number of articles, recipes, quizzes and puzzles to entertain people as well as insightful information related to the local area, time of year and any special events taking place.

During our inspection, we observed a meeting between the registered manager, activities coordinator, people who used the service and their relatives. From the discussion had, we saw that people were positive about the range of activities available and were involved in the decisions around this.

All of the people we spoke with had not had a reason to complain about the service but told us they would feel comfortable in doing so should they need to. One person who used the service said, "I have no complaints at all." Another person said, "I have never needed to complain." One of the relatives we spoke with said, "If we are unhappy with anything they make sure they deal with it. We have never had any reason to complain." Another relative told us, "I have no reason to complain about the home. In fact, I have only good things to say about it." We saw that the complaints procedure was on display in the home should anybody have any concerns. The records we viewed demonstrated that where complaints had been raised, these had been dealt with promptly, professionally and fully.

## Is the service well-led?

### Our findings

All the people we spoke with were happy with the service provided and spoke in complimentary terms about the registered manager and staff. They told us the service was well managed and that they would recommend it to others. People spoke of a staff team that were helpful and responsive. We saw that the registered manager was involved, engaged and eager to further improve the service offered.

People told us that they saw the registered manager on a regular basis and that they were accessible. One person who used the service said, "The staff and [registered] manager are all very approachable which is very important." Another person told us, "The [registered] manager and the office staff are helpful and really delightful." One relative explained, "We can ask any question at any time." A community professional said, "The [registered] manager always listens and responds [appropriately]."

Staff told us that they felt supported by their colleagues and the management team. One told us how helpful and supportive they found the registered manager and explained they were always willing to answer their questions. This staff member told us, "The best manager I've had." Another staff member told us that the registered manager, "Knew what they were doing." A third staff member said of the registered manager, "So helpful."

People told us that the atmosphere within the home was a positive and warm one. They told us that staff were always willing to help and went about their work in a cheery manner. One person who used the service told us, "The staff are very easy to get on with." A relative we spoke with said, "The staff are all so approachable and friendly and are always smiling." Whilst a healthcare professional described the staff team as, "Always extremely helpful." During our inspection we saw that the staff worked well as a team, communicated effectively and had a sunny, positive disposition. We heard chatter, humour and laughter.

The registered manager demonstrated through discussions and observations that they had a sound and robust knowledge of the service they helped to deliver. They spoke passionately about the home and what they achieved. They knew the individual needs of those that used the service and we saw that people reacted warmly and affectionately towards them. The registered manager told us that the provider's representative visited the service on a very regular basis and that they were supportive. Through discussion, the registered manager demonstrated that they had a good knowledge of the responsibilities and accountability of their role. In addition, we know from the information held about the service that events had been reported as required and by law. Throughout our inspection we saw that the registered manager was available to those that used the service and others.

Feedback was sought on the service via a number of methods and used to improve the service. Methods included regular and informal discussions with people and their relatives, formal questionnaires and frequent meetings. One community professional told us about a concern they had in relation to one aspect of the service. They told us they discussed this with the registered manager who, "Immediately put measures in place to improve standards."

Those that used the service, and their relatives, told us that they received questionnaires in order to provide feedback on the service. We saw that this had last occurred in November 2016 and that the service had analysed the results. Out of the 38 questionnaires distributed, 17 had been received back. We saw that the results were mostly positive across all areas of the service with a number scoring 100%. This included receiving care that met people's needs, staff's kind and caring approach, cleanliness of the home and effective management and maintenance of the home. All those who responded said they were happy with the care provided.

Audits were in place to regularly assess, monitor and drive improvement in the service. These covered areas such as care plans, medicine management, infection control, clinical requirements, the mealtime experience, the ambiance and environment of the home and health and safety. We saw that these had been completed on a regular basis and that action plans were implemented should they be needed. The auditing system in place had been effective at ensuring a good quality, safe and caring service had been delivered.

We asked staff what they thought the service did well. One staff member replied, "Meeting people needs." Another staff member said, "We make people laugh." They went on to explain, "People need to feel like this is their home."

All those we spoke with told us that they would recommend the service. We asked them why this was. One person said, "It suits me down to the ground and provides for all my needs." Another person told us, "I am happy here and have got my room just as I like it." A third person explained, "I am very happy here and what everybody does for me." One relative told us, "The staff always make sure [relative] joins in even though they can't communicate very well." Another relative said, "[Relative] gets excellent care in which we have every confidence." A third described the service as, "Fantastic."