

Mrs Alison Lee

# Hardwick View

## Inspection report

Ridge Road, Plympton Plymouth Devon PL7 1UF  
Tel: 01752 342056

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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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection took place on the 15 & 16 July 2015 and was unannounced.

Hardwick View is a residential care home providing care and accommodation for up to 20 people. On the day of the inspection 20 people were using the service.

Hardwick View provides care for people with a learning disability.

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 2008 and associated Regulations about how the service is run.

During the inspection people and staff were relaxed; the environment was clean and clutter free. There was a happy, calm and pleasant atmosphere. Relatives said, “It’s like walking into your own home, everyone is always so lovely, friendly, open and approachable”; “It’s knocked spots of everywhere else we visited”; “The opportunities here, the staff, the atmosphere, all are so good”; “They care all around, through talking and their understanding manner. People are treated as individuals, they (the staff) seem to understand each has different needs, demands, worries and concerns. “People moved freely around the home, were very happy and enjoyed living in the home.

Care records were focused on giving people control and encouraging people to maintain their independence. Staff responded quickly to changes in people’s needs, for

# Summary of findings

example if they felt unwell or their presentation changed. People and those who mattered to them were involved in identifying people's needs and how they would like to be supported. People preferences were sought and respected. People's life histories, disabilities and abilities were taken into account, communicated and recorded, so staff provided consistent personalised care, treatment and support.

People's risks were known, monitored and managed well. There was an open, transparent culture and good communication within the staff team. Accidents and incidents were recorded and managed promptly. Staff knew how to respond in an emergency situation. There were effective quality assurance systems in place. Incidents related to people's behaviour were appropriately recorded and analysed to understand possible triggers and reduce the likelihood of a reoccurrence.

People were encouraged to live active lives and were supported to participate in community life where possible. Activities were meaningful and reflected people's interests and individual hobbies for example football. People thoroughly enjoyed activities within the home such as arts and crafts, singing and dancing and excursions to places of their choice such as the library, picnic areas and those who wished to go away enjoyed holidays and boat trips. People were excited about the forthcoming music festival being held in August.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for where possible. People's medicines were kept safely in their bedrooms with clear information about each medicine. People were supported to maintain good health through regular visits with healthcare professionals, such as GPs, psychiatrists and the learning disability team.

People, friends, relatives and staff were encouraged to be involved in meetings held at the home and helped drive continuous improvements such as the recent redecoration. Listening to feedback helped ensure positive progress was made in the delivery of care and support provided by the home.

People knew how to raise concerns and make complaints. People and those who mattered to them explained there was an open door policy and staff always

listened and were approachable. People told us they did not have any current concerns but any previous, minor feedback given to staff had been dealt with promptly and satisfactorily. Any complaints made would be thoroughly investigated and recorded in line with Hardwick View's own policy.

People told us they felt safe and secure. People's personal possessions and their money were kept safely. Comments included "Yes, I feel safe, top security here"; "I'm safe, staff are there whenever I want"; "I am safe here, three years of doing whatever I want to do." Relatives commented "There is always someone around, the location is lovely; staff always know where everyone is"; "It feels so secure."

Staff understood their role with regards the ensuring people's human rights and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by staff. All staff had undertaken training on safeguarding adults from abuse; they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated. Staff commented "We make sure the environment is safe and that people are safe and supported and we are there when they need us." Staff explained how they kept people safe "We all do training, report everything, attend safeguarding courses and we have good communication."

Staff received a comprehensive induction programme and the Care Certificate (a new staff induction programme) had been implemented within the home. There were sufficient staff to meet people's needs. Staff were very kind, caring and thoughtful. Staff ensured people mattered and cared for people's families and relatives. Staff were appropriately trained and had the correct skills to carry out their roles effectively.

Staff described the management as open, very supportive and approachable. Staff felt like part of a large family and talked positively about their jobs. Comments included, "I love working here, I've always wanted to do this job"; "We all feel part of the family and care for people like family."

# 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?

The service was safe. There were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected from harm. Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

People received their medicines safely. Staff managed medicines consistently and safely. Medicine was stored and disposed of correctly and accurate records were kept for most medicines.

The environment was clean and hygienic.

Good



### Is the service effective?

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

People's human and legal rights were respected. Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet and involved in shopping and creating the menu.

Good



### Is the service caring?

The service was very caring. People were supported by staff that promoted their independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people, relatives and staff.

People were informed and actively involved in decisions about their care and support.

Outstanding



### Is the service responsive?

The service was responsive. Care records were personalised and met people's individual needs. Staff knew how people wanted to be supported and respected their choices.

Care plans were personalised and reflected people's strengths, needs and preferences. Activities and outings were meaningful, enjoyable and planned in line with people's interests. People were encouraged to achieve their personal goals and dreams where possible.

People's opinions mattered and they knew how to raise concerns.

Good



### Is the service well-led?

The service was well-led. There was an open, friendly culture. The management team were approachable and defined by a clear structure.

Good



# Summary of findings

Staff were motivated and inspired to develop and provide quality care for people.

Quality assurance systems drove improvements and raised standards of care.

Good communication was encouraged. People, relatives and staff were enabled to make suggestions about what mattered to them.

# Hardwick View

## 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 checked 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.

The unannounced inspection took place on 15 & 16 July 2015.

The inspection was undertaken by one adult social care inspector. Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We also reviewed information we had received from health and social care professionals, the local authority safeguarding team and people who had raised concerns about the service.

During the inspection we met everyone who lived at Hardwick View and spoke with ten people who lived at the service. We spoke with three relatives, the owner, the registered manager and four members of staff. We observed the care people received and pathway tracked four people who lived at the home. Pathway tracking is where we follow a person's route through the service and capture information about how they receive care and treatment. We also looked around the premises and observed how staff interacted with people throughout the two days.

We looked at four records related to people's individual care needs and two people's records related to the administration of their medicines. We viewed four staff recruitment files, training records for staff and records associated with the management of the service including quality assurance audits.

We reviewed eight staff questionnaires and 20 feedback questionnaires from people, relatives, health care professionals and visitors. We contacted the local learning disability team for their feedback.

# Is the service safe?

## Our findings

People told us they felt safe. Comments included, “Yes, I feel safe, top security here”; “I’m safe, staff are there whenever I want”; “I am safe here, three years of doing whatever I want to do.” Relatives commented “There is always someone around, the location is lovely; staff always know where everyone is”; “It feels so secure.” Staff commented “We make sure the environment is safe and that people are safe and supported and we are there when they need us.” Staff explained how they kept people safe “We all do training, report everything, attend safeguarding courses and we have good communication.”

People were protected by staff who knew how to recognise signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Training records showed that staff completed safeguarding training regularly and staff accurately talked us through the appropriate action they would take if they identified potential abuse had taken place. Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately by the service. Staff told us safeguarding issues were discussed regularly within team and residents’ meetings to ensure everyone understood the different forms of harm and abuse. All staff understood their roles to protect vulnerable people and had received training in safeguarding. Staff explained how they might know someone was worried if they were unable to communicate “Many of us have worked here so long we understand people’s ways and we would sense, we’re like a family and you know when someone is unhappy in your family.”

People’s finances were kept safely. Most people had appointees to manage their money but held their own cash and bank cards in their bedrooms. Keys to access people’s money were kept safely and two staff signed money in and out. Receipts were kept where possible to enable a clear audit trail on incoming and outgoing expenditure and people’s money was audited on a weekly basis.

People’s needs were considered in the event of an emergency situation such as a fire. People had personal evacuation plans in place. These plans helped to ensure people’s individual needs were known to staff and to emergency services, so they could be supported and evacuated from the building in the correct way. Staff and the people who lived at the home had participated in the

fire training and discussions were held with people about different emergency scenarios and how they would leave the building safely. Regular health and safety checks had been undertaken and the service had contracts with external agencies to help ensure any equipment was safe and fit for purpose. Most routine maintenance was carried out by the owner and we saw staff recorded broken items / faults promptly and these were quickly fixed.

Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. Most staff were recruited through word of mouth or staff approaching the service due to its good reputation. People who lived at Hardwick View were involved in meeting potential staff during their visit to the home and were encouraged to give their feedback and be involved in the recruitment of staff to the home. The recruitment process ensured staff had the values the home wanted. The registered manager informed us they looked for “Honesty, openness, good communication skills, how staff interact with people when they visit, empathy and kindness.”

Staff, people and relatives told us there were sufficient numbers of staff on duty to keep people safe. Staff were visible throughout our inspection, they had time to sit and support people, engage them in activities and support them to attend activities and appointments. People told us staff were there when they needed them, “They have time to drop me to places, talk and listen and take me out.”

Medicines were managed, stored, given to people as prescribed and disposed of safely. Medicine administration records were accurate and fully completed. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. People had their medicines kept in their bedroom in a locked cupboard. People had signed to consent to staff administering their medicine and each bedroom contained the medicine policy for staff to refer to if required. Individual, pictorial medicine sheets gave people information about the medicines they were prescribed and what they were for including possible side effects. People had been asked whether they preferred liquid or tablet medication and allergies were recorded and known. People told us “I know every medicine I’m on, all 32 tablets!”; “I’m happy staff give me my medicine, I’d be

## Is the service safe?

dangerous myself.” Homely remedies were kept separately and recorded. The use of homely remedies was monitored and GP advice sought if necessary. Weekly audits were undertaken to ensure the on-going safety of medicine storage and administration.

People’s needs with regards to administration of medicines had been met in line with the MCA. The MCA states that if a person lacks the capacity to make a particular decision, then whoever is making that decision must do so in their best interests. For example, some people were unable to consent to their medicine. People’s doctors had been involved in these decisions. This showed the correct legal process had been followed. One person had decided to stop medical treatment for a health condition. Staff ensured the appropriate health professionals were involved and the person had been supported to make an informed choice.

People were supported to take everyday risks to enhance their independence and enable them to feel in control of their own lives as much as possible. Staff knew people well and were aware of their vulnerabilities, for example those who might be overfamiliar with strangers when out in the local community or those who did not have good road safety awareness. Staff educated people about potential everyday risks and situations in the residents’ meetings and through games, role playing and talks for example discussions and flash cards were used to discuss relationships, kitchen safety, fire awareness and safeguarding. Topics of discussion also included personal hygiene and healthy eating so people could understand how their individual choices might affect their health, for example if they enjoyed sugary foods and were diabetic.

Risk assessments highlighted individual risks when people were cooking hot meals or on external outings. Clear guidance was given in care plans to reduce the risk of accidents for example one person needed support when there was traffic. Staff knew to ensure the person was taken out in small groups, their arm held to guide them away from cars and prevent them stepping off the pavement. Discussions had been held with the person on the green cross code, learning safety cards used and reminders to look where they were walking to improve their knowledge in this area.

Some people were less independent and there were risks relating to their health. For example if people had been assessed as at risk of falls, had nutritional needs or required their skin to be monitored. Risk assessments were in place to protect these people and clearly linked to their care plans. For example one person was unable to communicate verbally if they were not well. Staff monitored this person’s food and fluid intake and explained they often knew when they were unwell as they drank less.

People were kept safe by a clean environment. All areas we visited were clean and hygienic. Protective clothing such as gloves and aprons were readily available throughout the home to reduce the risk of cross infection. Staff were able to explain the action they would take to protect people in the event of an infection control outbreak such as a sickness bug.



# Is the service effective?

## Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. They told us “Yes staff are well-trained.”

Staff undertook an induction programme at the start of their employment at the home. The registered manager made sure staff had completed an introduction to the home and had time to shadow more experienced staff and get to know people. Staff were booked onto the appropriate training and had the right skills and knowledge to effectively meet people’s needs before they were permitted to support people. New staff shadowed experienced members of the team until both parties felt confident they could carry out their role competently. Ongoing training such as first aid, moving and handling, epilepsy and food hygiene were planned to support staff’s continued learning and was updated when required. Most staff had additional health and social care qualifications to support their work.

Staff felt supported by a regular system of supervision which considered their role, training and future development. In addition to formal one to one meetings staff also felt they could approach the registered manager, owner and deputy informally to discuss any issues at any time. Staff found the management team supportive “I feel supported and motivated, I feel a part of the family, not just another employee.” A new member of staff commented on their staff survey “I have only worked here a short time but feel valued by staff and management and support is always available.” The registered manager and deputy managers regularly worked alongside staff to encourage and maintain good practice and provide informal supervision.

People when appropriate were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS is for people who lack the capacity to make decisions for themselves and provides protection to make sure their safety is protected. The MCA is a law about making decisions and what to do when people cannot make decisions for themselves. No DoLS applications had been made but the registered manager was aware of the legal process they would need to follow if DoLS was required in the future.

People’s capacity was regularly assessed by staff. Staff showed a good understanding of the main principles of the

MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Staff knew when to involve others who had the legal responsibility to make decisions on people’s behalf. A staff member told us they gave people time and encouraged people to make simple day to day decisions. For example, what a person liked to drink or wear, which sandwich they wanted at lunchtime or how they wanted their bedroom decorated. However, when it came to more complex decisions relevant professionals were involved. For example, one person had recently required dental treatment. Staff had tried to encourage the person to have treatment by preparing them for the admission to hospital but this had not been successful. A best interests meeting had been held to discuss the treatment needed and risks of not having the dental treatment. The GP and dental team had been involved in the decision making. This process helped to ensure actions were carried out in line with legislation and in the person’s best interests. The MCA states, if a person lacks the mental capacity to make a particular decision, then whoever is making that decision or taking any action on that person’s behalf, must do this in the person’s best interests. Staff understood this law and provided care in people’s best interests.

People were involved in decisions about what they would like to eat and drink. Weekly meetings were held and people were asked what they would like to eat that week and the menu and shopping list were developed from people’s preferences. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy, balanced diet. For example over lunch we heard a person say to staff they wanted a cheese sandwich “Not grated cheese, but sliced please.” Staff made their sandwich with sliced cheese at their request. One person who cooked their own food told us they used to just eat pizza and burgers. Over time staff had educated them and encouraged them to eat a more varied diet. They confirmed their diet had changed, was now more varied and commented “I feel better and have more energy.” People and relatives told us “The food is wonderful”; “It’s great, we have a takeaway on a Saturday.”

During lunch people were relaxed and told us they had sufficient choice. We observed people having a leisurely lunch with support from staff when required and nobody appeared rushed. We noticed staff helping people to eat.



## Is the service effective?

Staff gave people time, made eye contact and spoke encouraging words to keep them engaged. We observed staff offering people a choice of drinks when they asked and their preferences were respected.

People's care records highlighted where risks with eating and drinking had been identified. For example, care records noted health conditions such as diabetes or if the person was of a low weight. Staff were mindful of those at risk of weight loss and monitored their food and fluid intake closely. Staff confirmed if they were concerned about weight loss / gain they would discuss people care with their GP. Some people were on special diets as a result of specialist assessments and these people's needs were catered for. Some people required a soft or pureed diet due to swallowing difficulties and staff were aware of this. We saw information in people's care files where choking was a potential risk and all staff had signed to indicate they had read this

information and knew how to respond if someone were to choke.

Staff communicated effectively to share information about people, their health needs and any appointments they had

such as dentist appointments or annual health checks. Daily handovers, a communication book and diary detailed people's needs and upcoming appointments. The registered manager said people were supported to keep active, keep moving and eat and drink well to sustain their health. Leaflets and explanations about healthcare choices and medicines were given to people in a way they could understand to keep them informed and involved in caring for themselves. Those with particular dietary, religious needs were known and their choices respected when people wished to follow specific diets.

People had access to a range of community healthcare professionals to support their health needs and received on-going healthcare support. For example opticians, dentists and chiropodists. Staff promptly sought advice when people were not well for example if they had a chest infection. One person had recently required medical attention. An appointment with their GP had been made promptly and antibiotics commenced. Staff were mindful of each individuals mannerisms which might indicate they were not well or in pain, for example people's health action plans described signs for staff to be observant of when people were unable to verbally express they were unwell.



# Is the service caring?

## Our findings

People, relatives and professionals were exceptionally positive about the quality of care and support people received. Comments from people included “I like the carers and find them the best that have worked with me”; “They are patient and kind, they take me to watch Argyle”; “They are my friends here and all looked after me when my brother died.” Relatives said, “It’s like walking into your own home, everyone is always so lovely, friendly, open and approachable”; “It’s knocked spots of everywhere else we visited”; “The opportunities here, the staff, the atmosphere ... all are so good”; “They care all around, through talking and their understanding manner. People are treated as individuals, they (the staff) seem to understand each has different needs, demands, worries and concerns”; “People are always clean and look well cared for” and one mother commented “X is treated with kindness, I go home assured he is getting the care he needs.” Professional feedback included “It’s lovely visiting here”; “Such a lovely place, home from home...I’m greeted with warm smiles every time and look forward to coming every week”; “Staff are always polite, friendly and have really good relationships with service users.”

People told us their privacy and dignity was respected. Respecting people’s dignity, choice and privacy was part of the home’s philosophy of care. People were dressed to their liking and the staff told us they always made sure people made a special effort to look smart if they were going out with their family. Staff spoke to people respectfully and in ways they would like to be spoken to. Staff knew those people who enjoyed joking with staff and were polite and courteous with those who preferred a more formal conversation.

People were encouraged to make choices in all aspects of their lives. For example we heard of one person who had previously not been given many choices in their life. When the person came to live at Hardwick View they were able to choose how they wanted their bedroom. They had enjoyed this and the family felt this had encouraged the person to value their space and belongings as they had designed it and it made the person feel they had control over their life.

People cared for each other at the home and had built good friendships. People were aware of those who were going through personal upsets and were supportive of one another. They noticed and helped if one of their friend’s

shoelaces were undone and helped kept them safe by helping them tie it up again. A sense of belonging and familiarity was evident from our observations. People teased and joked with each other as a family might. Although there was ample space at the home for people to watch TV in one of three areas or their own room, people mostly chose to sit together in the evening and watch TV together.

Staff knew the people they cared for, some staff had worked at the home for 10-20 years. They were able to tell us about individual’s likes and dislikes, which matched what people told us and what was recorded in individual’s care records. Staff knew who liked to wake early, how people liked their tea, who liked to maintain their faith and they supported people to maintain these choices. One staff member commented “I am encouraged to work in a person centred way at all times. Choice, individuality, dignity and respect.”

Staff showed concern for people’s well-being in a meaningful way and spoke about them in a caring way. The registered manager told us people were treated as “unique individuals.” Throughout the inspection we observed kind, patient interactions with people. Staff were in tune with people’s verbal and non-verbal communication so they noticed when people needed support or wanted company. Care records detailed how to communicate with people so they understood staff “Speak clearly, look at “X” face when you are talking.” Staff knew people’s particular ways of communicating, for example one person shook their head when they didn’t understand and another person expressed pain by putting their hands over their ears.

The way the service was organised was done in a way which put people first. For example staff worked the same days and shift pattern where possible so people knew who was on duty each week and what day. This consistency helped people with their routine.

Staff responded to people’s anxieties quickly. For example one person liked to put the chickens away at night but in recent weeks a fox had been active in the area and the chickens were going missing. The person was concerned about locking the chickens up alone as a result. As soon as staff knew they offered to do this with the person to ensure they did not feel any responsibility for the missing chickens.

Staff encouraged people to be as independent as they could be. For example one young person lived in the



## Is the service caring?

self-catering bungalow. Staff encouraged and supported them to develop their skills so when they felt able they could consider more independent living. Staff were working alongside them to look at courses to improve their confidence and life skills. Professional feedback suggested this area could be further expanded upon to maximise people's potential.

We saw special occasions such as birthdays were celebrated. Those without families chose what they would like to do and the staff made every effort to make people's days special. People had chosen meals out, a party at the home, a visit to the pub, bowling or a celebratory glass of wine. At Christmas those who did not have family to spend the day with, joined the owners at their home for Christmas Day. Everyone always received a gift which makes them feel special and valued.

Staff were kind and the home went the extra mile making people and their relatives feel cared for. For example one person liked to spend Sundays and Christmas Day with their mother but they and their parent were unable to cook. Each Sunday and at Christmas staff cooked and delivered a roast to the relatives home so they and the person could share a meal together. When people had been admitted to hospital staff visited frequently and had ensured people were fed properly and stayed with them overnight to ensure they were cared for well.

Relatives told us they were always made to feel welcome and could visit at any time. Comments included; "I'm always made to feel welcome" and "We're treated like extended family."

# Is the service responsive?

## Our findings

People's individual needs were assessed prior to admission and a more in depth care plan was developed as they settled into the home. Health and social care professionals, family and friends were involved in this process to ensure the home could meet people's needs. Staff took time to get to know people so they knew how people liked to be supported. Friends and family were encouraged to be a part of the assessment and care planning process where appropriate.

Care records contained detailed information about people's health and social care needs. They were written using the person's preferred name and reflected how they wished to receive their care. Health action plans were in place which monitored people's healthcare needs and people had been involved in creating pictorial, personalised care plans which described how they wished to be cared for. Additional, essential information about people's needs were detailed in "hospital passports" if people required hospital admission. This helped hospital staff understand how best to communicate with people.

People, who were able, were involved in planning their own care and making decisions about how their needs were met. People's care needs were discussed daily in staff handovers and people supported to make informed choices where possible. For example, one person had decided to stop medical treatment for a terminal illness. Staff had supported the person in reaching this decision and discussed how they would like their end of life care.

Weekly residents' meetings planned the week ahead. People were encouraged to share ideas for the meals they wanted on the menu and suggest activities for the week ahead. People engaged in a variety of activities of their choice including shopping, going to the local library, attending the British Legion, the theatre, bowling, football matches, attending church and participating in activities run at the leisure centre. People shared past holiday experiences they had enjoyed and trips to Cornwall when they had pleasurable boat trips and tried squid. People's achievements and special memories of events were proudly displayed in their bedrooms such as their certificates and framed football t-shirts. The minutes of the residents' meetings detailed discussions about trips to the zoo and people's ideas for the internal redecoration at Hardwick View.

Care was personalised to people's needs and staff encouraged people to be as independent as they could be and reach their individual goals. For example one young person had expressed a desire to go to a nightclub. Staff arranged for them to attend a nightclub experience for adults with learning difficulties. The person's dream was fulfilled and they gained in confidence as a result. Another person's dream had been to meet a football commentator they had listened to for 30 years. Staff supported this meeting to take place. A further person wanted to attend Wimbledon, staff supported them to price up tickets and look into the trip so they could make an informed decision.

People told us they were able to maintain relationships with those who mattered to them. Several relatives and friends visited during our inspection. Relatives confirmed they were able to visit when they wished and often enjoyed a meal at the service. Events and celebrations were shared with relatives and family members such as the annual Christmas fair and this year a music festival was being planned. One person had recently attended a singles night where an old friendship had been rekindled. They were being supported to arrange a further meeting with the person.

Staff, people and relatives all told us people were encouraged to raise concerns informally or through residents' forums and questionnaires. These were used for people to share their views and experiences of the care they received. Any concerns raised would be thoroughly investigated and then fed back to staff so learning could be achieved and improvements made to the delivery of support. No concerns had been raised as a result of the last questionnaires sent out. Staff confirmed any concerns made directly to them, were communicated to the registered manager and were dealt with and actioned without delay.

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their families and professionals. The policy was clearly displayed in the home and available in a format everyone was able to understand. People, family and health and social care professionals knew who to contact if they needed to raise a concern or make a complaint but told us they had no complaints. A relative told us; "Any problems at all, I would just speak to the staff and I would be confident it's dealt with immediately."

# Is the service well-led?

## Our findings

People, friends and family, healthcare professionals and staff described the management of the home to be approachable, open and supportive. Comments included “An excellent home to be a part of”; “Always supported by management”; “Bosses are wonderful, always there for me”; “The needs of people are always first”; “It’s organised and I always know who is in charge.”

People were involved in developing the service. Meetings were regularly held and satisfaction surveys conducted that encouraged people to be involved and raise ideas that could be implemented into practice. For example, residents’ meetings and feedback had been used to decide the beach theme for the internal redecoration.

The registered manager and deputy managers took an active role within the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. The service had notified the CQC of all significant events which had occurred in line with their legal obligations. The registered manager had an “open door” policy, was visible and ensured all staff understood people came first. The relaxed leadership style of the management team encouraged feedback, good team working and sustained good practice.

Staff were motivated, hardworking and enthusiastic. Many staff had worked for the provider for many years. They shared the philosophy of the management team. Staff meetings were used to share good practice and to feedback to staff improvements required. Staff told us “We all play a part, we work together as a team”; “Our goal is to provide residents with the highest level of care in a safe, clean environment and with nourishing food. We aim to support people and their families.” The service inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included, “I love working here,

I’ve always wanted to do this job”; “We all feel part of the family and care for people like family.” Staff were keen to use inspection feedback to improve the quality of the service and strive for a better rating at their next inspection.

Health and social care professionals who had involvement in the service, confirmed to us communication was good. They told us the staff worked alongside them, were open and honest about what they could and could not do, followed advice and provided good support.

Daily handovers, supervision and meetings were used to reflect on standard practice and challenge current procedures. Staff informed us checks were undertaken of the environment, kitchen, bathroom and staff training to maintain standards. Every Monday staff took a person around the home to check for broken items, rips in carpets, check the lights were working. Anything not working was recorded in the maintenance booked and fixed promptly.

There were effective quality assurance systems in place to drive continuous improvement of the service. Regular surveys were completed, compliments and positive feedback was shared and celebrated. The management carried out regular reviews which assessed the home’s standards against the CQC regulations and guidance. New medicine procedures had recently been implemented to help people feel more empowered and knowledgeable about their medicines.

Annual audits related to health and safety, the equipment and the home’s maintenance such as the fire alarms and electrical tests were carried out. We saw in the maintenance records where areas had been noted as needing repair these were followed through promptly. Visual walk arounds by the management occurred to ensure the environment and care was safe.

The registered manager and deputy managers vision for the next 12 months was to maintain the standard to care they had achieved to date. They shared their goals of continuing to provide excellent care, enabling people to achieve their potential and their goals and to continue with the range of varied activities.