

Banff Securities Limited Harefield Hall

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 14 April 2016 and was unannounced. There were no concerns at the last inspection of April 2014. Harefield Hall provides accommodation for up to 21 older people. At the time of our visit there were 19 people living at the service.

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 registered manager was also the owner and registered provider of Harefield Hall. For the purpose of the report we will refer to the registered manager.

People were 'very happy' living at the home and we received positive comments about their views and experiences throughout our visit. People told us they felt safe because the staff were "Caring and enjoyed what they did". The registered manager listened to people and staff to ensure there were enough staff to meet people's needs. They demonstrated their responsibilities in recognising changing circumstances within the service to help ensure that staffing levels and skill mix was effective.

Staff had the knowledge and skills they needed to carry out their roles effectively. They enjoyed attending training sessions and sharing what they had learnt with colleagues. The registered manager and deputy supported staff at all times.

People and their relatives felt staff were caring and kind. Comments included, "I love coming here to visit the staff are so pleasant", "My relative is treated with good humour, patience and kindness" and, "The care is without question excellent". Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. The registered manager and staff were knowledgeable about people's lives before they started using the service. Every effort was made to enhance this knowledge so that their life experiences remained meaningful.

People received appropriate care and support because there were effective systems in place to assess, plan, implement, monitor and evaluate people's needs. People were involved throughout these processes. This ensured their needs were clearly identified and the support they received was meaningful and personalised. Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals and where necessary care and support had been changed to accurately reflect people's needs. People experienced a lifestyle which met their individual expectations, capacity and preferences.

Staff demonstrated a genuine passion and commitment for the roles they performed and individual responsibilities. It was important to them those living at the service felt 'valued and happy'. One staff member recently wrote in a questionnaire, "I enjoy the variety, making people smile and feeling like I have made a difference".

Staff embraced new initiatives with the support of the registered manager and deputy. They continued to look at the needs of people who used the service and ways to improve these so that people felt able to make positive changes. In a survey completed in February 2016, people wrote, "Don't change a thing, it's a success. You should be proud of yourselves", "I am pleased to say Harefield Hall and the staff are first class" and, "If only all homes were run like Harefield Hall".

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.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

There were enough skilled, experienced staff on duty to support people safely.

People were protected through the homes recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

People were protected against the risks associated with unsafe use and management of medicines.

People were protected by the prevention and control of infection.

Is the service effective?

Good ●

The service was effective.

People received good standards of care from staff who understood their needs and preferences. Staff were encouraged and keen to learn new skills and increase their knowledge and understanding

People made decisions and choices about their care. Staff were confident when supporting people unable to make choices themselves, to make decisions in their best interests in line with the Mental Capacity Act 2005.

People had access to a healthy diet which promoted their health and well-being, taking into account their nutritional requirements and personal preferences.

The service recognised the importance of seeking advice from community health and social care professionals so that people's health and wellbeing was promoted and protected.

Is the service caring?

Outstanding 

The service was caring.

The provider, registered manager and staff were fully committed to providing people with the best possible care.

Staff were passionate about enhancing people's lives and promoting their well-being.

Staff treated people with dignity, respect and compassion.

People were supported to maintain relationships that were important to them.

Is the service responsive?

Good 

The service was responsive.

The service was responsive.

Staff identified how people wished to be supported so that it was meaningful and personalised.

Independence was encouraged and supported wherever possible.

People were encouraged to pursue personal interests and hobbies and to join in activities.

People were listened to and staff supported them if they had any concerns or were unhappy.

Is the service well-led?

Good 

The service was well-led.

The vision and values of the home were paramount in the way care and support was provided to people.

People, their relatives and staff were encouraged to share their opinions about the quality of the service, to ensure planned improvements focused on people's experiences.

People benefitted from staff who felt supported and were

motivated to learn and develop, embracing the culture of the home to 'be the best' they could.

The managers strove to maintain, sustain and further improve the experiences of people living in the home through quality assurance processes.

Harefield Hall

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This service was previously inspected in April 2014. At that time we found there were no breaches in regulations. This inspection took place on 14 April 2016 and was unannounced. Two adult social care inspectors carried out this inspection.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we asked the provider to complete 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 planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

During our visit we met and spoke with everyone living at the home, relatives, visitors and a visiting health care professional. We spent time with the registered manager, deputy and spoke with five staff. We looked at people's care records, together with other records relating to their care and the running of the service. This included staff employment records, policies and procedures, audits and quality assurance reports.

Is the service safe?

Our findings

We asked people if they felt safe. Comments included, "It feels very safe", "When I was ill it was reassuring to know someone was there at night to call on", "I feel much safer when I am walking because staff provided me with a zimmer frame" and "Staff seem very aware of the importance of safety".

Questionnaires completed in 2016 asked people and their families if they felt Harefield Hall was a safe place to live. Written comments included, "It is a safe home, visitors sign in and out, and good health and safety requirements are in place", "I am happy when I leave my relative with staff, knowing that they are safe and protected from harm" and, "In the four years I have been visiting I have never seen the slightest evidence to suggest people are not safe".

The PIR stated, "We operate an open door policy for residents, their families/representatives and visiting health and social care professionals. Communication and a personal approach is the key to achieving a happy, safe, living and working environment". All visitors were required to sign a visitor's book and state the reason for their visit and who they had come to see. Visiting professionals were asked to show an official form of identification. When people first visited the service they were accompanied by a member of staff to the "resident" to make sure they recognised them as someone they knew and wanted to see.

Staff understood what constituted abuse and the processes to follow in order to safeguard people in their care. Policies and procedures were available and staff were required to sign to say they had read and understood the information. Staff confirmed they attended safeguarding training updates and said this was a good way to refresh their knowledge and understanding. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police.

The registered manager and staff encouraged people to live as independently as possible and recognised this could expose people to some degree of risk. People were supported to take risks balancing their safety and their health care needs. One person who liked to walk to a local shop recently fell down whilst in the shop. Following a risk assessment and discussion with the person staff respected their wish to continue because they enjoyed doing this independently. It was agreed that perhaps going to a nearer local shop may help ensure the person was not overtired and therefore would reduce the risk of another fall.

Staff understood risks relating to people's health and well-being and how to respond to these, this included risks associated with weight loss, maintaining skin integrity and difficulty with swallowing and potential choking risks. People's records provided staff with detailed information about these risks and the action staff should take to reduce these.

Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and

appropriate changes were implemented. Monthly audits helped staff identified any trends to help ensure further reoccurrences were prevented. The registered manager told us how they monitored for signs of infection as a possible cause. If a person had fallen they reviewed the environment to see if risks could be eliminated for example moving furniture, looking at flooring and reviewing footwear.

Everyone we spoke with confirmed there were sufficient numbers of staff on duty 24 hours a day. People were able to request support by using a call bell system in their rooms and communal areas of the home. During the inspection the atmosphere was calm and staff did not appear to be rushed, they responded promptly to people's requests for support. In the client satisfaction questionnaires completed in February 2016 people were asked to rate staff response to call bells. Seven rated this as "excellent", seven as "very good" and two as "good".

The staffing levels did not alter if occupancy reduced. If people's needs increased in the short term due to illness or in the longer term due to end of life care, the staffing levels were increased. Staff escorts were also provided for people when attending appointments for health check-ups and treatments and when someone wanted to go out socially. The registered manager ensured there was a suitable skill mix and experience during each shift.

The registered manager and deputy were supernumerary on each shift and were readily available to offer support, guidance and hands on help should carers need assistance. Everyone covered vacant shifts rather than use agency staff. This was because it promoted continuity of care, kept them up to date with people's needs and helped update/refresh their skills and knowledge.

Safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Policies, procedures, records and practices demonstrated medicines were managed safely. There had been no errors involving medicines in the last 12 months. Staff completed safe medicine administration training before they were able to support people with their medicines and this was confirmed by those staff members we spoke with. Staff were observed on all medication rounds until they felt confident and competent to do this alone. The registered manager also completed practical competency reviews with all staff to ensure best practice was being followed.

People who had physical needs required specialist equipment to help keep them safe. Equipment was risk assessed and staff received training on how to use the equipment to reduce the risks to people who used them. This included equipment to help people shower and bathe safely, mobility aids and the minibus tailgate. When required, pressure relieving mattresses and profiling beds were also provided by community services. Equipment was checked by the maintenance person and maintained by an outside contractor where necessary.

People had personal evacuation plans in the event of a fire or other emergency. These plans were practiced in person with staff support. People were also involved in fire drills, training and update refreshers were discussed at "residents meetings". Staff were given different scenarios in their questionnaires about what action they would take in the event of an emergency. This included, the lift breaking down and a water or gas leak.

People were protected from the risks associated with cross infection because appropriate guidance had

been sought and was followed by all staff. The "domestic Goddesses" as they were referred to by everyone in the home, followed thorough cleaning schedules, all areas of the home were clean and fresh throughout. The home had notified CQC when there had been a recent outbreak of infection, whereby people had been troubled by the flu epidemic. Procedures had been followed correctly and the relevant people had been informed. Measures had been put in place to ensure those who were ill received medical attention and that others were protected from potential infection as far as possible. In the client satisfaction questionnaires completed in February 2016 people were asked to rate the cleanliness of the home. Eleven rated this as "excellent", three as "very good" and two as "good". Written comments included, "It's always kept lovely and clean" and, "It's spotless and well cared for".

Is the service effective?

Our findings

People told us they felt they were in, "good hands" and staff were, "capable and friendly". The registered manager supported staff with training in order to keep up to date with best practice, extend their skills, knowledge and in some cases their roles. Staff agreed with this and comments included, "Training is good and informative, it's good to be reminded", "I feel blessed to work here because we have lots of training and I feel confident to provide good care" and, "All the training has made me feel equipped to do my job".

Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain professional qualifications. There was an expectation that staff would undertake a diploma in health and social care at level two or three (formerly called a National Vocational Qualification). In addition to mandatory courses, staff accessed additional topics to help enhance the care people received. This included dementia awareness, continence and catheter care, person centred approaches to care and prevention of pressure sores. Staff provided feedback on all training received.

The service had a small, steadfast group of staff. They felt supported on a daily basis by the registered manager, deputy and other colleagues. Additional support/supervision was provided on an individual basis. Supervisors supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore. Everyone attended staff meetings as an additional support, where they shared their knowledge, ideas, views and experiences. The registered manager and deputy conducted practical observation sessions to help staff develop their practical skills, for example, medicine rounds.

All staff had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so. Staff understood its principles and how to implement this should someone not have mental capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals.

There were no restrictive practices and daily routines were flexible and centred around personal choices and preferences. People were moving freely around their home, socialising together and with staff and visitors. They chose to spend time in the lounges, various seating areas, the dining room and their own rooms. They engaged with various preferred activities/interests throughout the day.

People told us they, liked the food, they never felt hungry and they made choices about what they had to eat. Comments included, "The food is first class, hotel level and very well cooked" and, "The variety is good and I especially enjoy the puddings". People received a healthy nutritious diet and staff supported people when they needed to gain or lose weight. In addition to morning coffee and afternoon tea and cakes, beverages and snacks were available to people throughout the day. Mealtimes were flexible wherever

possible and people were supported if they wished to receive meals in their rooms. The large dining room was popular with people and they enjoyed the social atmosphere of dining together. Menus reflected seasonal trends and meals that people had chosen were traditional favourites. People were asked for their thoughts after each mealtime and food topics were included in the "residents" monthly meetings. Feedback on the meals provided was always requested during the meetings and in monthly questionnaires. The minutes and the questionnaires reflected how satisfied people were and that they were able to influence any changes/preferences.

If people were at risk of weight loss a five step screening tool provided management guidelines to assist with developing a care plan and identifying any action required. Food and fluid intake was recorded if required, so that any poor intake would be identified and monitored. People were weighed monthly but this would increase if people were considered at risk. Referrals had been made to specialist advisors when required, including speech and language therapy when swallow was compromised and GP's and dieticians when there were concerns regarding people's food intake and weights.

There was a community nurse visiting the service during our inspection. They told us, "People are happy and well cared for" and "Staff follow any advice and guidance provided". All staff recognised the importance of seeking expert advice from community health and social care professionals so that people's health and wellbeing was promoted and protected. The home ensured that everyone had prompt and effective access to primary care including, preventative screening and vaccinations, routine checks, GP call outs and access to emergency services. People were supported to register with GP's and dentists of their own choice.

Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included daily handovers, staff meetings and written daily records. These accounts also provided a good level of detail for all staff to read, they told a story and informed staff about what had happened during the month.

Is the service caring?

Our findings

Throughout this inspection it was evident that people were cared for with compassion and kindness. All staff at every level wanted people to be happy, feel important and live a life that was meaningful and fulfilling. We saw warm and friendly interactions between people and staff. The atmosphere of the home was one of calm only to be interrupted with laughter or a song. People we spoke with told us, "The manager and the entire team have been nothing but outstanding in every aspect and continue to go that extra mile on a regular basis. I want to say a big thank you to everyone", "I am quite happy here and I really like the staff" and "The staff do everything possible to look after us well".

Fifteen visitors completed a survey in February 2016. The overall ratings were 'very good' and, 'excellent'. Every comment received reflected how positive and satisfied people felt. They were asked their views on the staff, the atmosphere and overall impression. Written comments included, "Staff are approachable, helpful, willing and friendly with a good mix of personalities", "The atmosphere is inclusive, welcoming and the residents wellbeing is at the heart of everything" and "I want to thank all the staff, you certainly know the meaning of caring for the one you love".

Staff morale was cheerful and buoyant, they were motivated and enjoyed their roles and responsibilities, they were committed to the people they supported. Comments included, "I am happy working here. The atmosphere is lovely and the residents are happy", "Working here is amazing", "I enjoy the feeling of working with everyone, it's like a family" and, "It's a happy home, its run very professionally, the residents are our number one priority which is how a care home should be".

In the survey of March 2016, people were asked if staff were 'polite, friendly and respectful' and if people were 'treated with compassion and dignity'. People replied, "Yes, very much so, absolutely and they are wonderful". One person wrote in a recent survey about how their relative's sight had deteriorated and their needs had gradually increased. They said, "The staff are so discreet, allowing my relative to retain their dignity but helping them where needed. They always listen and never rush". Another relative wrote, "The residents are treated with upmost respect, when they speak to a member of staff, that staff member gives them all the attention required with a smile". Staff approach was respectful, sensitive and patient. It was evident they had formed positive relationships with people based on trust and personalisation.

On admission people were helped to complete two questionnaires to help support their rights, equality and diversity. The first one asked people where they would prefer to receive visits from visiting health or social care professionals, for example in their rooms, and whether they would prefer a chaperone during these visits. The other information pertained to 'terms of endearment and how people preferred to be addressed'. This gave them the opportunity to express a preferred name and whether they were either offended, comfortable or had no preference with staff using terms such as, 'my love or my darling'. The use of these questionnaires enabled staff to ensure that people's dignity was respected because all staff were aware of each person's wishes.

One relative told us, "Mum's appearance has always been important to her, staff always make sure she is

happy about how she looks". People were smartly dressed and looked well cared for. It was evident people were supported with personal grooming and staff had sustained those things that were important to them prior to moving into the home. This included preferred style of clothes that were clean and ironed, shaving, manicures, and foot spas, helping people to fasten their jewellery and weekly hairdressing.

Staff approach to care was to promote and encourage independence wherever possible in all aspects, including personal affairs. During the inspection a hospital consultant phoned the home to speak with their patient, they were transferred to the residents own phone so they could consult independently and in private.

The registered manager and staff recognised that people needed a purpose and would want to continue with things that were important to them so that their lives remained meaningful. One to one reviews with people and family helped capture this. This was a time to catch up on news, to reflect about what went well and not so well and assess how people were feeling. We looked at the records for five care reviews that had taken place between March and April 2016. People enjoyed the one to one interaction with staff and it helped ensure that people continued to be cared for effectively. Written comments from people included, "I feel uplifted by having this meeting today and I have been listened too. I am in a happier place than I have been for a while", "I am grateful for the additional care I have received whilst recovering from recent surgery and injury. I feel my health has been restored to what it was before" and "I am very happy and appreciate very much how kind and considerate the staff are towards me. I feel part of the family and very settled".

Staff had got to know people over time and had developed profiles based on 'This is me'. These profiles were originally promoted by the Alzheimer's society for those people with dementia. However the information gathered lends itself to a person centred approach for any person who wants to receive individualised care and is widely used in the care sector. People had taken time to provide details about preferred daily routines and what level of assistance they required. We saw information about personal preferences, likes and dislikes, what helped them relax, kept them happy and things that were important to them. Important things included keeping well, having company, religion, privacy at certain times of the day and completing exercises before breakfast.

People felt it was the little things that 'made their day'. One person told us, "I like to be woken up with a nice cup of tea in bed. I always enjoy doing the crossword in the paper after my breakfast". The person confirmed that this happened. One person had told staff that God was important to them. People were supported to continue with their religious beliefs. On the day of our inspection 11 people were attending a Holy Communion and church service in the home. Some church parishioners visited the home to spend time with people individually, others preferred to visit church and attend services.

The registered manager and staff were committed to ensure that's people's night-time experiences were as enjoyed as much as during the day. Preferred night time routines were always considered and records reflected that people had thought about what would make them feel content and safe. This covered aspects such as providing drinks, closing bedroom doors, whether people preferred a light on and how many times they wanted to be checked by staff during the night. At the most recent staff meeting, night staff were reminded not to forget to offer peoples favourite night cap and to reassure people they could call them at any time throughout the night.

Staff recognised the importance of helping people, their families and circles of friends staying connected in order to support and promote people's emotional wellbeing. Records provided information on how people were supported to maintain contact with family and friends. Staff knew about previous family connections and existing relationships prior to living in the service. Those relationships were sustained and encouraged

in various ways. People were supported to send letters, presents and cards to celebrate special occasions. People had access to a laptop so they could video call friends and family and use email.

Staff kept families and friends informed and involved by producing newsletters. These were available in the home and sent to family members especially to those who were unable to visit regularly. The newsletter provided information about significant events with photographs and future plans for the coming months. Personal invites were sent to everyone that was significant to each person so they could join in any celebrations or events. Visitors were welcome any time and people saw family and friends in the privacy of their own rooms in addition to small quieter areas throughout the home and extensive gardens. People invited their relatives or friends to join them for coffee mornings, lunch or tea. One relative told us, "It's always very pleasant and welcoming. I love visiting mum, I feel relaxed when I am here". Families also enjoyed and participated in organised trips.

Is the service responsive?

Our findings

Throughout our inspection we saw people being cared for and supported in accordance with their individual wishes. People were, "very content" and "more than satisfied with the care and support they received". In the surveys completed in February 2016 people were asked to rate the quality of care they received. Twelve responses rated care as 'excellent' and three as 'very good'. Written comments included, "The care is more than excellent", "This home is run to a very high standard" and, "I cannot fault it".

The registered manager or the deputy completed a thorough assessment for those people who were considering moving into the service. In addition to the individual, every effort was made to ensure significant people were also part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered was detailed and supported the registered manager and prospective "resident" to make a decision as to whether the service was suitable and their needs could be met. Information from other assessments for example hospital social workers were also considered.

In addition to the monthly reviews held with each person, formal annual care reviews helped ensure people continued to receive support that was responsive and meaningful. Other key people were invited to contribute to the reviews and included family members, advocates, staff and social workers where relevant. In addition to this care plans were monitored and evaluated every month by staff to help ensure they were up to date with current needs and personal preferences.

We saw examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed and intervention was required. The registered manager spoke with us about one person whose mental health needs had rapidly changed in recent weeks. The staff responded quickly to ensure the person had swift, appropriate support from health and social care professionals. They acted in the persons best interests to help ensure they were safe and receiving the care and support they required. The family sent a letter to the home after the person had been admitted to hospital for assessment. They wrote, "Everyone worked so hard to make this happen, many thanks for all the extra time you have all put in. The more time I visited the home the more I was struck by what a wonderful place this is".

People were offered and provided with a range of activities, outings and things of interest. They handpicked what they liked to do or take part in. Activities were always included on the agenda at the monthly "residents" meetings. They took ownership about preferred interests and hobbies and were encouraged to express, discuss and share new ideas. Particular favourites for people included arts and crafts, games, reminiscence, cooking, planting and flower arranging.

People enjoyed trips in small groups every Tuesday and Thursday. People went out independently and those who required support were assisted by a staff member. This enabled people to remain as independent as possible without relying on family members. Some chose to go shopping, eat out and visit places of interest. The registered manager told us they always empowered people wherever possible to live their lives as they did prior to living at Harefield. We saw in the 'residents' meeting minutes for February 2016 people had been asked what they missed about not being in their own home. One person expressed a wish to do some ironing and this was supported and actioned. Another person expressed how grateful they

were because the staff had done everything possible to keep them independently mobile including moving them to a ground floor bedroom.

Feedback for activities was given at each monthly meeting including what had been enjoyed and why and things they didn't wish to continue with. Recently people commented on a charity organisation which had provided activity workshops. People felt that some of the activities were 'childlike' and decided they didn't want to book the workshops again and this was respected. The registered manager always brought new ideas and suggestions to the meetings and regularly accessed information on the internet and in the local community. Suggestions that had been welcomed this year had been a trip to the cinema to see 'Dads Army', a visiting local historian, a puppet show and a trip to Monmouth.

People had an intercom/call facility so they could request assistance or ask a question. People agreed in a recent survey that the call system worked well and staff attended promptly to their needs. Comments included, "The staff always come straight away", "I have never had to use it but it's an excellent thing" and "They always come quickly".

The service had a complaints and comments policy in place and this was shared with people and families on admission. People said they would raise any concerns and were confident their concerns would be acted on. Two people told us, "I am always asked if everything is ok and whether I need anything" and, "I wouldn't change anything I have no problems but I am confident staff would help if I did".

Everyone was reminded of the complaints procedure at meetings and in surveys. The daily presence of the registered manager and deputy meant they saw people every day to see how they were. This approach had helped form relationships with people where they felt confident to express their views. It was evident when we were accompanied around the home that they knew people well and they were comfortable and relaxed in their company. Small things that had worried people or made them unhappy were documented in the daily records and gave clear accounts of any concerns raised, how they were dealt with and communicated to staff. This information was also shared with staff in shift handovers.

Is the service well-led?

Our findings

The registered manager and deputy demonstrated effective leadership skills within their roles. Their passion, knowledge and enthusiasm of the service, the people in their care and all staff members was evident. They were proud of the service and wanted it to be a positive experience and place for everyone. The home had a longstanding positive reputation within the local community. The management continued with its track record for exploring creative methods when seeking and acting on the views of everyone.

People, relatives and staff were positive about the registered manager and deputy in the way the service was run. New 'client/representative' surveys had been written based on the Commissions Key Lines of Enquiry. The registered manager and staff were 'very proud' of the comments they received about people's views on whether the service was well led. Written comments included, "Management pull out all the stops to ensure each person's needs are catered for" and "I have always been impressed by the way ALL staff (from the manager downwards) know each resident so well and encourage and support them. The atmosphere is welcoming and I feel part of a big happy family. Well done Harefield Hall".

Staff wellbeing was paramount in helping to ensure they felt valued, empowered and supported. This approach had a positive impact both individually and as a team in addition to the care and support people subsequently received. The ethos being that, 'happy staff made a happy home'. This was achieved in various ways including, supervisions, meetings, training and surveys. The PIR shared information about positive engagement initiatives. It stated "We have regular brainstorming sessions to achieve solutions to any areas of concern/ideas. This encourages everyone to participate".

Another example where staff views were sought was in an annual 'stress questionnaire'. The questions gave staff the opportunity to share if they had feelings of stress and whether these were work related or personal. Examples where stress could be reduced and where staff could be supported were encouraged. The results were evaluated so that any trends, issues or support requirements could be identified and actioned. The evaluation for October 2015 was positive and staff had 'very little' that concerned them at work. Their interpretation of stress was more akin to 'pressures one would expect when caring for people'. Coping strategies included sharing with colleagues, talking to the managers, yoga and singing.

The registered manager promoted and encouraged open communication amongst everyone that used the service. There were good relationships between people, relatives and staff, and this supported good communication on a day to day basis. Other methods of communication included meetings for people, their relatives and staff. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. It was evident through discussions with people, staff and looking at the minutes that the meetings were effective, meaningful and enjoyed. At the end of the "residents" meeting in March 2016 the registered manager wrote, "Very positive meeting, lots of interaction and laughter. We are fortunate to have such open and enthusiastic residents".

Staff confirmed that their meetings were also valuable and they could influence positive change. One member of staff told us about how some people had poor eyesight and it was difficult for them to see the

white dinner service against the white tablecloths. This was highlighted with the registered manager who purchased a colourful dinner service to help provide a contrast. People confirmed this had been a 'success'.

The registered manager and deputy were knowledgeable about the people in their care, the policies and procedures of the service and they were confident to share with us their views, aims and objectives. They shared new initiatives and 'plans for the future' in the PIR and we spoke with them about this during our visit. They wanted to continue to enhance the existing personalised approach of the service. They had a clear view on how this would be achieved and what it meant for people and staff.

To continue to keep up to date with current legislation and requirements the service was in the process of implementing a new 'Care Quality System'. The PIR stated, "This we believe will highlight areas of change as and when they occur, ensuring policies and procedures are up to date at all times. Staff are fully aware and reminded of the purpose of policies and procedures, to adhere to their contents and act accordingly. In order to refresh everyone's knowledge each month we display a different Policy/ Procedure and Risk Assessment and staff sign to confirm they have read and understood them".

Additional systems were in place to monitor and evaluate services provided in the home. The registered manager and deputy reviewed complaints, incidents, accidents and notifications. This was so they could analyse and identify trends and risks to prevent re-occurrences and improve quality. Additional monthly audits were carried out for health and safety, infection control, the environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required. Evaluations were meticulous and records contained a good level of detail and analysis.