

Harwood House Limited

Harwood House

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

Harwood House provides accommodation and nursing care for up to 35 adults, some of whom have a diagnosis of dementia. At the time of our visit there were 29 people using the service.

The location was last inspected under the 2010 Regulations on 28 May 2014, where the five outcomes we inspected were compliant. This is the first inspection of the location under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the rating of the service under the Care Act 2014.

At the time of the inspection, there was a registered manager. 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.

People received care that was compassionate, patient, kind and person-centred. People and their relatives spoke positively about the impact the care had on them. Comments included, "They (staff) manage to maintain an air of normality while helping mum with the everyday activities of life we all take for granted" and "They (staff) have also made our family welcome and relieved our stresses and strains that all relatives have when having to move their loved ones into care."

People's relatives were encouraged to play an integral part in the service and this was observed during our visit and supported by the testimonials we had received. This was captured in the words of one relative who stated, "Harwood House works very hard to involve the family of those in their care with events throughout the year that add an element of community."

People and their relatives were involved in care decisions; treated with respect and felt overwhelmingly positive about the care, treatment and support received. People were supported at the end of their life by staff who were compassionate, understanding and who had the skills in this aspect of care. One relative commented, "We feel very lucky to have found you (the service) and for mum to have been cared by you (staff) so well in the final stage of her life."

People were protected from the risk of harm because staff were fully aware of their responsibilities in regards to safeguarding. Necessary recruitment checks and procedures were in place and followed. Where risks to people's welfare and safety were identified, appropriate risk management plans were in place. People were given their medicines safely by appropriately trained staff.

People and their relatives felt staff were competently trained and skilled to look after their care needs. We heard comments such as, "I feel that they (staff) are well trained sufficiently so that they're able to look after me correctly" and "Yes, the staff are correctly trained so the care that mum gets is definitely the right care that she needs." We found staff were appropriately supported through induction, supervision and professional development. One staff member commented, "I would never have contemplated, let alone

succeeded in re-qualifying as a registered nurse." This meant people were cared for by service who supported its staff learning and career development.

The service took on a pro-active approach in regards to staff training when dealing with people who had complex health needs. Staff records confirmed specialist training was undertaken. This was further supported by the person's relative who explained the rare medical condition their family member had; how the registered manager ensured staff understood the condition and its impact on the person.

People had access to healthcare services and the service ensured they worked in collaboration with other health professionals to ensure best outcomes for the people they cared for. This was supported by a testimonial received from the local GP who commented, "I cannot speak highly enough about the team at Harwood House and I very much enjoy working in collaboration with them."

People received care, treatment and support from a service that was responsive to their needs. Initial assessments undertaken accurately gathered information about things that were important to people and the care they said they wanted. People and their relatives confirmed they were involved in the planning of their care. For instance one person commented, "My care plan was set up with the home, myself and my family." We found the home had an exceptional program of activities that enhanced the quality of life and social wellbeing of people who used the service.

People and their relatives gave positive feedback about how well-led the service was. Comments included, "The staff working at Harwood House 'make the difference', my experience is that they all contribute to the effective and safe environment that I trust my mother to be in" and "Having had first-hand experience of other care homes, I believe the standard of care delivered by the team at Harwood House to be the best."

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.

People were protected from the risk of harm because staff were fully aware of their responsibilities in regards to safeguarding

Necessary recruitment checks and procedures were in place and followed. This ensured people were cared for by staff who were of good character.

Where risks to people's welfare and safety were identified, appropriate risk management plans were in place.

Is the service effective?

Good ●

The service was effective.

People and their relatives felt staff were competently trained and skilled to look after their care needs.

The service took on a pro-active approach in regards to staff training when dealing with people who had complex health needs.

The service worked in collaboration with other health professionals to ensure best health outcomes for the people they cared for.

Is the service caring?

Good ●

The service was caring.

People received care that was compassionate, patient, kind and person-centred.

People and their relatives were involved in care decisions and treated with respect.

People were supported at end of their life by staff who were compassionate, understanding and who had the skills in this aspect of care.

Is the service responsive?

Good ●

The service was responsive.

People received care, treatment and support from a service that was responsive to their needs.

People and their relatives confirmed they were involved in the planning of their care.

The service had programs of activities that enhanced the quality of life and social wellbeing of people who used the service.

Is the service well-led?

Good ●

The service was well-led.

People, their relatives, staff and health professionals spoke positively about how well-led the service was.

The service had good quality assurance systems established and operated effectively to ensure compliance.

People and those important to them had opportunities to feedback their views about the home.

Harwood House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This was an unannounced inspection which took place on 22 and 23 September 2016. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

We looked at the provider information return (PIR) which the provider sent to us. 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 looked at all the information we have collected about the service.

After our visit the provider sent supplementary evidence which included testimonials from relatives, various health professionals and staff. We have used feedback from some of these testimonials in this report. We also received a report of a recent visit conducted by the local Healthwatch.

As part of our inspection we observed support being provided in the service. We spoke with four people who used the service; three relatives; two staff members, deputy manager and the registered manager. We reviewed three care records, three staff records and records relating to the management of the service.

Is the service safe?

Our findings

People were kept safe from unavoidable harm and abuse. We heard various comments such as, "Absolutely, I feel safe here! I've got red buttons all over the place so that I know the staff are quickly to hand if needed. They are very good at answering the bells", "Yes, I do feel very safe here as there's always people around if you need them so I know I'm not far from help if I need it. That's what I've got my call bell for and I have used it at times" and "I do feel extremely safe in the home." This was further supported by relatives whose comments included, "Yes, mum does feel safe here, very safe indeed. I know there's no abuse from them (staff) or rudeness" and "Yes, I would say that my husband does feel very safe indeed here."

People were kept safe by staff who recognised signs of potential abuse and knew how to raise safeguarding concern. Staff displayed confidence in their knowledge of types of abuse, signs of abuse and the action they would take if they suspected or witnessed abuse. Training records confirmed staff had undertaken the relevant training. This meant people benefited from a safe service where staff understood their safeguarding responsibilities.

Necessary recruitment processes and checks were in place and being followed. This ensured people were cared for by staff who were of good character.

People were protected and their freedom supported and respected because the service had suitable risk assessments in place. One person commented, "I have osteoporosis and my back is slowly falling apart as I've had so many falls in the past. I came in here to be safe actually!" This was supported by the care records we reviewed which identified a wide variety of potential risks due to people's health and clearly stated how they would be managed. These were regularly reviewed to ensure people received safe care.

People were also safe from other common environmental risks present at the service. We examined the safety of the premises and routine checks carried out by the maintenance staff. The maintenance staff member we spoke with had been working at the service for a number of years and demonstrated good knowledge and practice of safety procedures which included identification and management of risks inside and outside of the building. We reviewed documentation that showed regular examination and testing of the building and the ground's safety were maintained. These included records such as risk assessments and maintenance plans for fire safety and visual checks of fire extinguishers, portable appliance testing (PAT) and window restrictors. Pre-admission checks undertaken before people moved into the service covered all items in rooms, as well as fixtures and highlighted any health and safety concerns, actions required and completion dates. This ensured people were being cared for in a safe environment.

Personal emergency exit plans were in place. These were detailed and individualised to people's needs and ensured people would be safely evacuated in the event of an emergency.

There were sufficient numbers of suitable staff employed to keep people safe and to meet their care and support needs. This was supported by our observations during two days we visited. People and their relatives stated the care and support was delivered by staff who were regular and this provided them with

reassurance. A review of the staffing rota covering the periods of 27 June 2016 to 29 August 2016, showed there were some occasions when the targeted staffing hours were not met. The registered manager explained this had been due to unusual high sickness levels and told us what action they had taken to address this for instance, the use of bank and agency staff. The service was also continually advertising to fill vacant posts to ensure that people who used the service were almost always cared for by staff who knew them well.

We reviewed the procedures around medicines in the service. Medicines were safely ordered, stored, administered and recorded. This meant that people were at reduced risk of medicines errors.

Infection prevention and control practices were carried out a high standard. We observed the service was clean and tidy. We saw an overwhelmingly positive response from relatives about cleanliness of the service. Comments included, "The building itself is always undergoing areas of renovation and upkeep and is immaculately clean", "There is a high level of cleanliness in the rooms and the outside space is also neatly presented" and "The physical environment couldn't be better, it is very clean, bright and hygienic." This ensured people were protected from the risk of infection.

Is the service effective?

Our findings

People spoke confidently about staff's skills and abilities to provide care to them. Comments included, "I feel that they are well trained sufficiently so that they're able to look after me correctly. They're often away on training days so they are well able to cope. Some of them then proceed on into nursing", "The staff are definitely well trained here, and that's obvious. They do look after me correctly I believe" and "Yes, the staff are correctly trained so the care that mum gets is definitely the right care that she needs. I feel that they're actually attuned to her. She gets the help and stimulation that she needs. They've been working on it and eventually managed to get her walking again."

This was further supported by a testimonial received from the service's GP who commented, "I find the nursing staff at Harwood House experienced and with sound clinical judgement skills."

The service ensured staff received effective induction; training; supervision and performance development. Records showed new staff undertook the care certificate training. This is training to ensure care staff have the required skills and competences for their roles. Staff spoke positively about the training received and stated it ensured they were kept up to date with relevant changes. Training records confirmed this. We saw observational competency checks undertaken enabled supervisors to see whether staff had effectively applied the training they received in their work practice. Regular supervisions and performance appraisals were undertaken. This showed people received care, treatment and support from staff who were appropriately supported.

The service took on a pro-active approach in regards to staff training when dealing with people who had complex health needs. The deputy manager told us how staff received specialist training to support a person who had a health need that required specialist care. This was confirmed by a review of the person's care records and staff's training records. This was further supported by the person's relative who explained the rare medical condition their family member had; how the registered manager ensured staff understood the condition and its impact on the person. The relative commented, "Many of X's (family member) needs can be met easily, but sometimes their needs are very challenging and creative solutions are required. The staff have embraced all the aspects and challenges that have come with nursing X (family member) and their medical condition." This showed staff received training to ensure they could effectively achieve best outcomes for people.

Staff expressed their appreciation of management in regards to their professional development. Staff testimonials were overwhelmingly positive about how they had been supported to further their careers. Comments included, "I would never have contemplated, let alone succeeded in re-qualifying as a registered nurse. Now three and half years later, happily settled in a job that stretches and challenges me, but in which I also feel affirmed and validated" and "It is down to the X (registered manager) and the management pushing me to start the Access to Nursing course. I feel they have put my best interest first. I don't think I would have bothered with college if it wasn't for them." This meant staff were enabled to take part in learning and development that was relevant and appropriate so that they could carry out their roles effectively.

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. We found staff to be competent with their understanding of the Act and how it should be applied in their work practice. Documents confirmed staff had undertaken the relevant training; care records showed how staff obtained consent from people and supported people who were unable to make specific decisions. This was found to be in line with the legislation.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found appropriate standard DoLS authorisation applications had been authorised; where there were added conditions these were followed and regularly reviewed. DoLS risk assessments were undertaken to ensure people were not being unlawfully restricted. We found these were in line with current legislation.

People were supported to eat and drink and to maintain a balanced diet. We heard various comments such as, "On the whole, the food here is very good. You do get a choice and they're always happy to change it if you don't like it at the time. There's always snacks and refreshments on the go so we're spoilt for choice really. I've arranged to get my meal around 6 p.m. as it suits me better than I get a milk drink to take to bed with me", "The food here is excellent, I have no problems with it at all. There's plenty to eat as well as snacks at any time of the day or night" and a relative commented, "X (family member) does enjoy the food here, it's very good indeed They're (staff) quite flexible in keeping their residents well fed and watered etc."

We observed the lunch period. The food choices on offer were nutritious and provided people with a healthy balanced diet. Staff were attentive and engaged with people with patience and gave due diligence when supporting them with their meals. Care records showed completed 'resident dietary requirements' which highlighted people's allergies; special dietary requirements and food preferences and preferred place and time to eat. Nutritional assessments were undertaken to ensure people were not at risk of malnutrition. We saw appropriate actions were taken when risks were identified. This showed people were effectively supported to have adequate nutrition and hydration.

People were supported to maintain good health and to access healthcare facilities. 'GP and Healthcare Professionals' captured dates of visits; professionals who visited and outcomes of visits. These were signed and dated by the relevant professionals. Staff we spoke with were knowledgeable about people's on-going health matters, especially for illnesses or diseases where appropriate external healthcare was necessary. One health professional who had provided health treatments to people in the service commented, "I work directly alongside care staff who consistently demonstrate the highest standards of care to all residents."

Is the service caring?

Our findings

Positive and caring relationships were developed with people who used the service. Comments and testimonials received from people and relatives included, "The staff here are very caring, considerate and always kind! They do have to put up with a hell of a lot from us and I'm surprised that they do it without complaint, very surprised", "We have found the staff absolutely amazing. They are patient and caring and nothing is too much trouble. They are always smiling which leads to a very happy atmosphere in the home and visiting is a pleasure, "We have felt very comfortable with the approach to care at Harwood House. The comfort knowing that X (family member) is being well cared for is immense that you simply don't have to worry about the level of care being given to residents. We have always witnessed residents being treated in exactly the way you would wish for" and "X (family member) is always treated with care and respect and we admire the endless patience of the staff who takes to time to deal with personal tasks such as feeding, or just having a chat with them."

The atmosphere of the home was relaxed and welcoming. This was further enhanced by how hygienic, bright and well decorated the interior was, as well as the beautifully maintained garden. Staff were professional in their practice and were observed having meaningful interaction with people and their relatives.

Relatives spoke about the impact the care provided had on their family members, as well as themselves. Comments included, "Earlier this year when X (family member) was seriously ill and had to go into hospital, when they returned they were still very ill. The staff went out of the way to make sure X (family member) had all they needed and this care had a major influence on their recovery", "All the staff at Harwood House have made a very difficult situation a lot more bearable. The nurses and carers treat mum and all the residents with great care and patience. They manage to maintain an air of normality while helping mum with the everyday activities of life we all take for granted", "My mum's quality of life has improved substantially since taking up occupancy at Harwood House." When referring to how the service had helped them another relative commented, "They (staff) have also made our family welcome and relieved our stresses and strains that all relatives have when having to move their loved ones into care."

Relatives were very positive about the continuity of care their family members received. We heard various comments such as, "I am aware of that the majority of staff are long serving, this allows rapport and trust to be built, ensuring residents are comfortable with those staff caring for them", "The stability of staffing over the three years has contributed greatly to my mother's well-being. This has helped us to get to know and establish useful lines of contact with nurses, carers, office staff and activity co-ordinators" and "I think it is nice that Harwood House has a stable workforce so that both the residents and staff become familiar with each other." This showed people were cared for by staff who were familiar with their care, treatment and support needs.

Monthly 'Residents Committee Meetings' chaired and organised by people who lived in the home, showed people expressed their opinions and concerns. Staff gave examples of how they involved people in making decisions about their care. Comments included, "We go through care plans with them (people) and if they

have communication difficulties, we look at ways on how we can support them" and "When carrying out personal care, we ask residents to tell us what they want us to do." This meant the service placed people at the centre of their care, treatment and support by enabling them to make decisions.

People and their relatives said staff were respectful and treated them with dignity. Comments included, "They are most certainly very respectful and they do look after my dignity at all times", "They (staff) recognise that my room door is my front door and that they need to respect that. They knock and wait for me to respond before they come in" and "They're (staff) always very respectful to X (family member), always have been. The door is always open as they need to have sight of X all times. They would knock if it were shut. It is important to him so they do their best to accommodate him on that". This was further supported by what staff had told us.

The service installed an Ozone system used to eradicate odours, these were discreetly situated outside of some people's rooms. This ensured the service preserved the dignity of people who were fitted a device that was used to divert digestive waste.

The service went the 'extra mile' for people and those who represented them. For instance, the registered manager told us they offered regular monthly accommodation and meals free of charge for three to four days for a relative and their dog who visited their family member. This was due to the relative living so far away from the home. This was further supported by the relative who commented, "They (staff) feed me and welcome my dog, whom my mother is very fond of. We feel most at home."

We noted Harwood House was a pet friendly home and was on a national charity's 'Pet Friendly Care Home' register. A staff member from the national charity commented, "Rosie (a relative's dog) is a regular visitor and bring a lot of pleasure to everyone, with management and staff encouraging all pet visits to help enhance the 'home from home' feel. All pet care is taken care of by the wonderful staff and grooming is part of the residents' supervised activity." During our visit we saw the resident cat that was stated to be much loved by people who used the service. Our observations confirmed this. This meant the home would accept people who had pets when staying in their own home was no longer an option.

People were supported at the end stages of their lives by staff who were compassionate, understanding and who had the skills in this aspect of care. Testimonial received from relatives whose loved ones had passed away were highly complementary about the care received in their loved ones' final moments. Comments included, "We feel very lucky to have found you and for mum to have been cared by you (staff) so well in the final stage of her life", "Mum and I were care for at the end of mum's life. That her end of life was so loving and caring and that this was extended to myself made the whole process of mum's death more bearable" and "When X's (family member) end came, the experienced Harwood House staff managed to deploy just the right blend of professionalism, sympathy and 'allowing respectful distance'."

The service had comprehensive end of life protocols in place. 'Planning for My Future Care' documents were used as advance care plans (ACP). The purpose of the ACP was to capture people's wishes and preferences for future care before their health deteriorated and they are unable to make their wishes known. End of life care plans were developed as soon as the service became aware a person's physical condition has significantly deteriorated.

A 'Palliative Care Support' document dated April 2016 showed the measures taken by the service after a review of its palliative care. This included the introduction of 24 hour observation charts; 'only one chance to get this right' supervisions were undertaken with staff to enable staff to appropriately support people who were at the end stages of their lives. One to one support was also offered to staff caring for people who were

at the end stages of life to establish the best way to support. We saw a bereavement box that contained information that sign posted relatives about what to do in the event of a death of a loved one. This ensured the emotional needs of people, their family members and staff were met.

Where necessary, people and staff were supported by palliative care specialists. The service kept 'Just in case' medicines used when symptoms of death or dying was recognised. We saw the appropriate documentation was in place and staff training records confirmed they have undertaken relevant training. This meant people and those who represented them would receive appropriate support when they came to the end stages of their lives.

Is the service responsive?

Our findings

People and their relatives were able to contribute to the assessment and planning of their care. 'Baseline assessment of needs' contained information about people's care and support needs, medical histories, family and social histories and preferences. This ensured the care and support delivered reflected what people said they wanted.

Staff told us how they ensured people received person centred care. Comments included, "I do whatever they (people) like. For example, if they like make up on, I will put it on. I am not going to give them coffee if they ask for tea" and "You get to know people, their likes and make sure you do it. This was further supported by people whose comments included, "They always make my bed in the way that I prefer" and "I think that the care I receive is correct for me. "This showed people received person centred care that met their individual needs.

People and their relatives said they were involved in planning their care and regular reviews were undertaken. Comments included, "My care plan was set up with the home, myself and my family. I know that it's updated as they go along", "We were all involved in setting up X's (family member) care plan. We all work together to keep it up to date" and "I think my daughter set up my care plan with the home, I didn't. I know that it's updated on a regular basis." A review of people's care records confirmed this.

People received care that was responsive to their needs. For instance, an emergency situation occurred when a person's (percutaneous endoscopic gastrostomy (PEG) tube became dislodged in the early hours of the morning. The PEG is used for people who are unable to swallow. Care records showed the person's named nurse, who was not on duty, came out to re-insert the tube. The action taken by the nurse prevented a hospital admission and averted a potentially traumatic situation for the person, who had a life limiting condition. One person told us staff had arranged for a peripatetic dentist to visit the home as one of their teeth had become loose. The person commented, "They (staff) know I can't go out to attend appointments." Another person described how staff responded promptly and commented, "If you push the bell once, they'll (staff) respond normally, if you push it twice, that is an emergency and they do respond very quickly. The lady next door accidentally pushed hers twice this morning, they were there within seconds you could hear them running down the hall. I was quite impressed at that."

People and their relatives felt the activities on offer were outstanding and really had a positive impact on their well-being. For instance one relative commented that the activities on offer had, helped their family member to "Develop new skills in various crafts' which had increased the person's self-esteem and brought them much 'Stimulation and fun." Whilst other comments from relatives included, "On birthdays and special occasions, we have been able to use the lower lounge and visitors' kitchen so mum can entertain family and friends", "There seems to be a strong emphasis on daily activities for residents and wide variety of entertainment for them to enjoy" and "There are activities going on every day, stimulating, creative and imaginative."

There was an emphasis by the service to understand and develop activity programmes that were

meaningful and enhanced the quality of people's lives. People were engaged in person centred activities which were recorded in their care records. For instance, 'Life Story documents fully captured the essence of people's lives. These contained photographs of people with those who were important to them. Stories were written creatively but with sensitivity and included where people born; if they were married and had children; were educated; working history; recreational activities involved with and memorable occasions.

This information was used by the activities staff to form meaningful activities. For instance, one person before they came to live at the home was an active member of a social club that played a particular game. Staff became aware of this and subsequently organised a game that eventually became a regular activity in the home. This resulted in the person who had originally chosen to remain in their room, becoming involved in other social activities on offer. Another person used to live in another country from a certain age and some people who lived in the home spoke the language of that country. The activities team created a themed event 14 July 2016 based on that country. This included food delicacies from that country; learning facts about an event that occurred in that country and gave people the opportunity to reminisce about their time spent in that country, as well as speak the language. Activity impact and well-being documents evaluated how the activity impacted people; whether it linked in with their life stories and gave the desired outcomes. We noted all of the activities were rated very successful by the activity co-ordinator who had carried out an evaluation of all activities undertaken. This showed the service improved people's social well-being and prevented social isolation.

We saw a wide variety of activities which offered stimulation and gave people enjoyment. These included exercise; hand massage; card games; manicures; quizzes; reminiscence; art which included a movement therapist who provided one to one or group sessions twice a week. A Zetangle art therapist once a week (Zetangle is a relaxing and fun way to create beautiful images by drawing structured patterns). Pictures showed various birthday celebrations and special events held at the home. For instance we saw pictures taken of the home's annual 'Fit 4 Life Celebration' held on 26 May 2016 where the local Mayor presented a special award of achievement to two people who had showed outstanding strength, determination and stamina so as to remain fit and independent.

The activity team provided an increased amount of activity hours. A review of the activity scheduled showed programs were carried out seven days a week, during the mornings, afternoons and evening. The registered manager when discussing the positive impact that evening activities had on people stated, "Residents want to socialise with each other (over a glass of wine or cup of tea), have a calmer demeanour, stay up later and therefore feel more relaxed as they prepare to settle for a night-time routine, feeling relaxed and fulfilled.

People said they knew how to make a complaint. Where complaints were raised they were responded to promptly. Comments included, "I have absolutely no complaints at anything they do for me as they always do it well", "I would know how to raise a concern and yes, they would listen if I did", "I've never needed to complain but would know what to do if the need ever arose. I'd go to the management and make them sort it out whatever it was. If I didn't do it my daughter would. She knows how to complain does that one!", "We've never needed to make a complaint at all, far from it! If it did arise, we'd talk to management on it to get it resolved." "I did lodge a complaint about one of the carers that I didn't like. The management changed her immediately and I haven't seen her since. I was pleased with their prompt response in sorting it out." A review of the complaint log showed complaints received was responded to appropriately and in line with the service's complaints policy and procedures.

Is the service well-led?

Our findings

People and their relatives were overwhelmingly positive about the care, treatment and supported provided by the service and felt it was well-led. Comments received from people, relatives and testimonials included, "The care staff are guided and supported by strong leadership", I regularly observe the delivery of outstanding care and genuine compassion towards residents. The staff working at Harwood House 'make the difference', my experience is that they all contribute to the effective and safe environment that I trust my mother to be in", "Harwood House has made my life so much easier knowing my mother is being looked after so well" and "Having had first-hand experience of other care homes, I believe the standard of care delivered by the team at Harwood House to be the best."

This was further supported by testimonials received from health professionals. For instance the local GP commented, "I cannot speak highly enough about the team at Harwood House and I very much enjoy working in collaboration with them" and another health practitioner commented, "Day to day managerial staff role model good practice and emanate an excitement and positive energy centred on making a difference to optimising the experiences of their vulnerable residents."

Staff spoke positively about the leadership under the registered manager and staff team. Comments included, "X (registered manager) is a strong supportive manager to all staff, residents and family. There is strong decision making I personally feel privileged to work under her direction", "X (Registered manager) provides just the right balance of decisive leadership and 'hands-on' caring attitude with residents. They inspire confidence as do the nursing staff who regularly keep us informed about mum's health and general needs."

The registered manager was involved in a local Care Association and attended meetings to share knowledge, experience and ensured best practice was introduced to the home to improve the quality and safety of the care provided at the service.

There were clear standards in place to ensure staff received competency based training and were supervised by staff who were trained to carry out this task. We saw an emphasis was placed on ensuring staff were supported to provide care at the highest level. We noted the service introduced testimonies for staff. This recorded feedback given about staff by people they had provided care and support to. The registered manager was also able to record their comments with regards to good practice and the high standards of care that had been observed. This was documented in staff supervision and observation records. We found the service was working in line with its training plan for 2016. This showed people received care from a service that was forward thinking in its approach to improve staff member's performance and professional development.

Relatives said they were able to visit the home without any restrictions at any time of the day and staff were welcoming and approachable. We found the culture of the home was open and welcoming.

We saw extensive renovations to the building and the grounds had been undertaken. One noticeable aspect

was the beautiful landscaped gardens which was extensive and designed specifically for people. Other improvements included an open cinema and a private space for people and their families. The service also researched and installed appropriate call bells for people with reduced motor skills. This provided people with enjoyment, stimulation and enhanced the quality of their lives.

People's relatives were encouraged to play an integral part in the service and this was observed during our visit and supported by the testimonials we had received. This was captured in the words of one relative who stated, "Harwood House works very hard to involve the family of those in their care with events throughout the year that add an element of community."

People, their relatives and staff were aware of the vision and values of the service. This information was available in the service's 'Welcome and General Information Guide' and discussed in various meetings held with staff. However, this was also demonstrated in our conversations with people, staff and testimonial received from relatives and health professionals.

The service had quality assurance systems established and operated effectively to ensure compliance. This included policies and procedures that covered the required areas of the service's operation. Meetings were conducted to ensure staff were aware of their responsibilities. Staff confirmed this. One staff member commented, "At staff meetings we talk about improvements required and are given the opportunity to give any ideas." A review of minutes of meetings confirmed this as well as show staff were given the opportunity to raise any concerns and management were able to share good practice.

We saw quality review meetings showed board members discussed various aspects of the service such as, health and safety; occupancy; staffing and reportable incidents. Quality assurance audits and monthly 'Wellbeing Wander' reports (this was daily observations carried out by the registered manager on all aspects of service delivery). This ensured the service provided to people was safe, effective and maintained to a high standard.

The service had a robust business continuity plan in place. We noted on 23 March 2016 there was a power outage that affected the service and their neighbours in the surrounding area. The service had a generator in place which meant the its electricity supply was not interrupted. This showed the service had advance plans in place in the event of unforeseeable emergencies to ensure the care needs of people were met.

People and those important to them had opportunities to feedback their views about the home. The service had a number of ways feedback could be given. For instance, a 'Positive Thinking Tree' situated in the entrance of the home, allowed relatives, external healthcare professionals to leave anonymous feedback. Satisfaction questionnaires which covered all aspects of the service provided were completed by people and their relatives. We reviewed a report by the registered manager that reviewed the overall responses and recorded actions taken to address some concerns raised. Minutes of resident committee meetings recorded improvements had been made in regards to concerns that had been raised. For instance, it was noted that in some people's rooms situated in a certain part of the home were becoming increasingly hot when the sun was shining through their windows. This was fed back to management and in response to this awnings had now been placed over the windows of those specific rooms. People in those rooms were also given their own remote controls allowing them to have full control of how much light came into their rooms. This improved people's independence and quality of life and meant changes were made based upon the feedback received.