

Todaywise Limited

Woodheyes

Inspection report

231 Hinckley Road
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Leicester
Leicestershire
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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

About the service

Woodheyes provides care and accommodation for up to 38 older people some of whom are living with dementia. It is situated in Leicester Forest East, Leicestershire. Accommodation is on the ground and first floors with a lift for access. At the time of our inspection there were 37 people using the service.

People's experience of using this service

People told us the staff at the home were exceptionally caring. They gave us many examples of how staff valued them and put them first in everything they did. We saw staff continually interacted with people, checked on their well-being, and ensured they were comfortable and had everything they needed. The culture in the home was one of compassion and empathy. Staff listened to people and provided them with care and support in the way they wanted.

People said they felt safe at the home and trusted the staff. The staff knew how to minimise risk to people and assist them in ways that were safe. The home was well-staffed, and people said staff had time to meet their care needs and spend quality time with them.

People had their medicines safely when they needed them. Staff ensured people had access to healthcare services. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

All the people we spoke with said they liked the meals served. A person told us, "The food is very good. Meals are excellent. I never leave anything." Lunchtime was relaxed and sociable with attentive, friendly staff assisting people. The home was bright, clean and well-decorated throughout with level access to all areas including the gardens.

Staff supported people to making decisions and determine their own lifestyles. A person said, "I can go to bed when I want. I can have a selection of food. The clothes I wear are my choice." People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received personalised care and staff were responsive to their needs. The home's activities co-ordinator provided a wide range of one-to-one and group activities for people. We saw care workers facilitating an armchair exercise class with people who enjoyed this gentle workout.

People said the home was well-managed and they would recommend it to others. They told us the registered manager and staff were approachable and listened to them. There were effective systems in place to monitor the home and ensure staff provided good-quality care. The home had close links with

community health and social care professionals to and people were encouraged to use local facilities including a coffee shop, garden centre and pub.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

At the last inspection we rated this service Good (report published on 17/11/2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 home was safe.

Details are in our Safe finding below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The home was exceptionally caring.

Details are in our Caring finding below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Woodheyeyes

Detailed findings

Background to this inspection

The 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 inspection team

The inspection team consisted of an 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.

Service and service type:

Woodheyeyes is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an unannounced inspection, which took place on 23 May 2019.

What we did:

We looked at information received from local authority and health authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

During this inspection we spoke with nine people using the service, the provider, the registered manager, the

deputy manager, two care workers, and the head housekeeper.

We spent time observing the people living in the home to help us understand the experience of those who could not talk with us.

We looked at records relating to all aspects of the home including staffing, medicines, accidents and incidents, and quality assurance. We also looked at two people's care and nursing records.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People told us they felt safe because the home was secure and the staff attentive and highly-skilled. A person said, "I'm safe because my day is structured, and staff knock on my door and ask me if I'm alright. The security is good with coded door entry." Another person told us, "I do feel safe. The staff are very good and work very hard. There is no bullying by anybody. They [staff] are not rough. I can walk about safely."
- Staff were trained in safeguarding (protecting people from abuse) in their first week of starting work at the home. They also had annual safeguarding refresher training to keep them up to date with their safeguarding responsibilities.
- Staff knew what to do and who to tell if they had concerns about the well-being of any of the people using the service.
- Records showed that if a safeguarding incident occurred managers and staff took appropriate action including reporting the incident to the local authority and CQC. They also updated care plans and risk assessments and increased observations, where necessary, to promote people's safety.

Assessing risk, safety monitoring and management

- People described the actions staff took to minimise risk including providing walking aids and using safe moving and handling techniques. One person said, "There are lots of [call bell] alarms to help people. I have had no falls and I use a walking frame. Staff treat me well and lift me gently. I don't have any bruises."
- We saw people mobilising safely assisted by staff where necessary. We saw people being hoisted. Two staff operated the hoist. They explained what they were doing and reassured the person, ensuring their comfort and safety.
- If people were at risk this was highlighted in their records and care plans and risk management plans put in place, so staff had the information they needed to help reduce the risk. Risk assessments covered areas such as tissue viability, infection, and nutrition and hydration.
- The premises and environment were risk assessed and there were procedures to be followed in the event of emergencies. Equipment was serviced and checked for safety.
- Each person had a personal emergency evacuation plan telling staff the support they needed if they had to leave the building in an emergency.

Staffing levels

- People said the home was well-staffed and they didn't have to wait long if they needed support. A person told us, "There is enough staff here. They [the staff] have the time to talk to you." Another person said, "I feel safe here because of staff."
- During our inspection were observed staff supporting people in a way that was calm and unhurried. They worked at a pace that suited people and took the time to talk with people and reassure them as necessary.
- Records showed the home had sufficient numbers of staff on duty at all times. The registered manager

said, "I always have enough staff to meet people's needs."

- The registered manager put more staff on duty if needed, for example if a person was unwell and needed extra support.
- Safe staff recruitment processes were in place to help ensure the staff employed were suitable to work in a care environment.

Using medicines safely

- People had their medicines when they needed them. A person told us, "I do take tablets. I feel better for taking them and get them regularly." Another person said, "I get my medicines from the doctor. The staff bring me them at the table. I have not missed any."
- Records showed that only senior staff who had been trained and judged competent were able to give out medicines. Medicines were safely kept and administered as prescribed. A person told us, "I have noticed the medicines trolley is labelled and secure."
- Staff knew what to do if a person refused their medicines, for example due to living with dementia. A staff member told us, "If a person says no [to their medicines] we give them a few minutes then try again. We try different things and if they keep refusing we refer them to their GP because it's important they have their medicines."
- The home's contract pharmacist carried out annual inspections to check that medicines were being safely managed at the home. At their last inspection, in February 2019, the findings were positive with no areas identified for improvement.

Preventing and controlling infection

- People said the home was clean and tidy. A person told us, "The people who work here are kind and keep us clean. My room is spotlessly clean."
- Staff were trained in infection control and followed the provider's policies and procedures to ensure the risk of infection was minimised.
- The head housekeeper said cleaning staff worked to schedules and had regular meetings to discuss how effective the cleaning programme was and whether any changes were needed.

Learning lessons when things go wrong

- Staff took appropriate action if there was an accident or incident at the home. A person said, "I've had no falls, but when people have had a fall the staff have dealt with it superbly."
- Accidents and incidents were audited to check for any trends or patterns. If learning was identified from these, it was shared with the staff team during team meetings and supervision sessions.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Senior staff assessed people before they came to the home to ensure their needs could be met.
- People and their relatives were asked to complete a 'Knowing Me' booklet so staff could gain insight into people's care needs, life histories and likes and dislikes.
- The assessment process took into account people's cultural needs so staff could ensure these were met.
- Where necessary, assessments were done in conjunction with people themselves, their families, and the health and social care professionals who knew them.
- Assessment documentation needed updating so it covered all the protected characteristics mentioned in the Equality Act. The registered manager said she would do this.

Staff skills, knowledge and experience

- People said the staff was well-trained and knowledgeable. A person told us, "I can't fault them. They do lots of lifting safely with a hoist. Usually two and sometimes three work together." Another person said, "They seem to know what they are doing. I can't criticise any of them."
- Staff told us they received thorough and varied training. A care worker told us, "We have mandatory [essential] training and this is updated every year. Most of our training is done face to face so we have the opportunity to discuss what we've learnt and ask questions."
- Staff also had training in more specialised areas, for example in diabetes care and dementia care, so they could meet people's individual needs.
- The registered manager said the home's training programme had a positive outcome as it gave staff a better understanding of their role and what people's requirements were.

Supporting people to eat and drink enough with choice in a balanced diet

- All the people we spoke with said they liked the food served. A person told us, "The food is absolutely excellent. It's very tasty. We get a choice of meals." Another person said, "I don't like meat and so I get vegetarian. They feed me alright. I get plenty to eat and drink."
- People's nutritional needs were assessed when they first came to home and they were put on a food and fluid chart for a minimal of four weeks so staff could monitor their progress.
- Those who needed extra support with their nutrition were given fortified food and drinks, weighed regularly, and referred to a dietician where necessary.
- Lunch was served in the main dining room during our inspection. The food looked wholesome and appetising and a choice of dishes and drinks were available. Some people had a glass of wine with their meal.
- If people needed support to eat their meals staff provided this. Where necessary people had adapted cutlery and crockery to enable them to eat independently.

- During lunch people socialised with each other and the atmosphere was relaxed and friendly. Staff were attentive and friendly and ensured people had as much food and drink as they wanted.

Staff providing consistent, effective, timely care within and across organisations and supporting people to live healthier lives, access healthcare services and support

- People said they had good access to healthcare staff. A person told us, "The doctor comes here on a regular basis. The dentist is called. I have seen them." Another person said, "A gentleman doctor came to see me and asked how I was. He asked if I was happy here. He looked after me. My hearing aid is cleaned and working alright. I've got my own teeth and the dentist checks them."
- People healthcare needs were assessed when they came to the home and care plans and risk assessments put in place. For example, records showed people were regularly checked for any signs of skin damage and referred to district nurses where necessary.
- Staff were vigilant and took action if people's healthcare needs changes. A care worker told us how one person's mobility declined so staff referred them to an occupational therapist who advised staff how to safely assist the person to move.
- A GP visited the home once a week to see patients, check on their well-being and review their medication as necessary.

Adapting service, design, decoration to meet people's needs

- The home was bright, clean and well-decorated with spacious corridors with handrails to make it easier for people to mobilise.
- Access throughout the home and garden was level. The garden had raised flower and vegetable beds so people could help with gardening and apples were grown at an accessible height for people to pick.
- There was some dementia-friendly signage in the home to assist people in finding their way around.
- Some bedroom doors were personalised with photographs and pictures on them and/or people's names in large easy to read fonts.
- Since our last inspection new hospital-style beds had been purchased. These are designed to give improved comfort and provide pressure relief.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities. They took the required action to protect people's rights and ensure people received the care and support they needed. Staff were trained in the MCA and DoLS and their understanding of this legislation was checked during supervision sessions.
- Appropriate applications had been made to the local authority for DoLS assessments. Best interest decision had been made when necessary, for example it was agreed that staff would prompt one person

with their personal care following discussion with their family, social worker and GP.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Outstanding: People are truly respected and valued as individuals and are empowered as partners in their care by an exceptional and distinctive service.

Ensuring people are well treated and supported

- The home has a strong, visible person-centred culture. Throughout our inspection staff continually interacted with people and put them first in everything they did. People were valued over any task staff were carrying out. Staff frequently paused to talk with people as they made their way around the home.
- Staff had real empathy for the people using the service. We saw them comfort people who were distressed, spend time with them, and not leave until people were happy and smiling. They were continually vigilant, ensuring no-one felt isolated or was left out of the life of the home.
- People knew staff cared about them and were sensitive to the times when they needed caring and compassionate support. A person said, "Suppose I was crying? The staff would ask me what's up and listen to me. They are helpful."
- Staff assisted a person in one of the lounges who appeared confused and disorientated at times. On four occasions, over the 30 minutes we spent in the lounge, staff stopped to talk with this person, comfort them, and offer them tea and biscuits. The person responded with smiles and appeared much calmer after staff had communicated with them.
- A staff member supported a person to eat their lunch. This was done skilfully and compassionately, ensuring the person's dignity was always upheld. The staff member used non-verbal cues and eye contact. Their actions demonstrated personalised care at its best with the staff member's approach enabling the person to trust them and accept their assistance.
- People felt secure because staff were so knowledgeable about them and their needs. A person said, "They know me and know what I like and don't like." Staff could tell us everything important about people without consulting their care plans were interested in their life histories, interests, and likes and dislikes. For example, a staff member told us one person had travelled extensively and staff were enjoying listening to the stories they told about their life.
- Staff turnover was low, so people and relatives had the opportunity to establish good trusting relationships with them. One person said, "They have a steady staff team here." Another person told us, "My family and I talk with them [staff] about what I need, and we have got to know them well."
- People told us they knew the staff well enough to speak out if something was wrong. A person said, "Occasionally I do tell staff if they could do something better. They listen, give me a response and an explanation. I get good feedback from them." Staff were open and keen to learn and improve their care skills. Records showed that if people wanted changes to the way their care was delivered these were made.
- Staff ensured people's cultural needs were met. They arranged for representatives from local places of worship to visit people at the home and hold services, so people's religious needs were met. A person told us, "I can attend the service here. I go sometimes when I wish to."
- Staff ran errands for people in their own time to ensure they had the personal items they wanted. Some

staff came in on their days off to take people to community events they wanted to attend.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to express their view, preferences, wishes and choices. A person told us, "I wanted my family pictures and personal things to be set in my room. Staff helped with this and my wishes were respected." Other people had personalised their rooms with staff support.
- Staff found ways to communicate with and involve people according to their needs. For example, one person couldn't join in with all the activities due to their disabilities, but they liked to be part of the activity group. Staff ensured they were included and supported them on a one-to-one basis doing a version of the activity in question. The person clearly enjoyed this.
- Staff explored and resolved conflicts and tensions in the home. A person told us, "The staff are fantastic. They have the ability to deal with challenging situations. They are calm and efficient and very much caring. I think they are superb as a team." Staff guided people to quieter areas and spent time with them if they showed any signs of distress,
- Staff encouraged people to explore additional help and advice when they needed it. For example, one person liked to use an adjustable, supportive chair to position them comfortably. Staff liaised with an occupational therapist on their behalf to ensure they were using the chair safely and alternating the use of the chair with bedrest to relieve pressure.
- People's visitors were made welcome at the home and offered a meal if they had travelled some distance. A person said, "My family visits whenever they want to come. They ask staff how I am, and the staff are very good with my family." People said staff took an interest in their families and asked about them frequently.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and listened and acted on their views and suggestions. People told us changes had been made to the home because of their input, for example care staff had run activities but people wanted a designated activity co-ordinator so one was appointed.
- People made many positive comments about how staff respected their privacy and upheld their dignity. A person said, "Very much so [respected]. Staff approach me without being over familiar and with a friendly demeanour. They knock on my door."
- The home has achieved a Dignity Award for the local authority. Staff discussed dignity in team meetings and supervision sessions and the registered manager observed them at work to ensure they followed the home's dignity and service users' rights policy.
- Staff provided sensitive, dignified and private care to people. A person told us, "Staff will chat with you. If you have a worry they will talk privately with you and not in public. I was worried about [an issue] and I told the senior and they talked about it privately with me."
- Staff encouraged people to make choices and remain as independent as possible. A person said they were 'a night owl' and went to bed when they were ready, and staff accommodated this. Another person told us, "I'm very much treated as an adult. The staff are superb. They are very professional and human. I get reasons about what I can do and can't do so that I understand."
- People said they could go out if accompanied by staff or relatives, or if they were able to do so alone they just told staff they were going. A person told us, "I approach staff on what I want to do. I wanted to go to Leicester and staff came with me. It made me feel like it was normality. That's how I felt."
- Overall people made it clear to us that they had a say in every aspect of their care and daily lives. A person said, "Nobody stops me doing what I want to. The staff never force me to do things." Another person told us, "I ask staff what I want, and staff don't force anything on me. They don't interfere and just help when I want it."
- During our inspection we saw people expressing their personal autonomy and independence. They went into the garden by themselves if safe to do so, or staff assisted them with their agreement. A person said, "It's [the home] a super place. I feel relaxed and can do what I want without hurting anybody else. I go out to this

beautiful garden."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care

- At our last inspection people said they were not always satisfied with the activities available to them and would like more in-house activities and trips out.
- In response the home employed an activities co-ordinator. They provided a wide range of one-to-one and group activities for people. These were advertised in the reception area and the people we spoke with knew about them. Activities were sensory, auditory and physical to ensure everyone could take part regardless of any disability they might have.
- During our inspection we observed a care worker doing armchair exercises with a group of seven people who clearly enjoyed the gentle workout. Other people were doing jigsaws, a group quiz, art, listening to music and talking with staff.
- It was a warm day and five people were sitting in the garden with cold drinks and access to shade. We saw care workers take two people out for a walk in the garden with their walking frames. People told us they went on trips out and had recently been to a garden centres and out for lunch at a local pub.
- The home had raised beds in the gardens and people grew their own vegetables which the chef prepared for them to eat. People told us they enjoyed gardening at the home.
- People said staff customised the service to meet their individual care needs and took into account their routines and preferences.
- They said staff listened to them to ensure their needs were met in the way they wanted. A person said, "The staff are very skilled at communication and approachable.
- Records showed people received personalised care that met their needs.
- Care plans were comprehensive, up-to-date and regularly reviewed.
- People's care plans included information about their lives, hobbies and interests. This helped staff to get to know people and talk with them about things that interested them.
- The registered manager was aware of the legal requirement, 'Accessible Information Standard' (AIS). The AIS aims to ensure that people with a disability, impairment or sensory loss are provided with information that is accessible and that they could understand. AIS requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss.
- People's communication needs were identified when they were admitted to the home and care plans put in place on how these should be met.
- The home has an AIS policy. Written information about the service was available in large print on request. Menus were pictorial and staff helped people to choose their meals by showing them plated options. The home obtained audio books for people who wanted them.

Improving care quality in response to complaints or concerns

- People told us they were confident to raise any complaints or concerns with senior carers or the registered manager and said they would be listened to. A person told us, "I've got no complaints at all but if I did I'd

talk to the lady in charge, the manager." Another person said, "I haven't needed to complain about anything. If I did, I'd go to one of the seniors."

- If a person complained the registered manager kept a record of this and what had been done to address their concerns. People were told the outcome of their complaints, in writing or in person.
- The home's complaint procedure was displayed in the home and told people what to do if they were dissatisfied with any aspect of the service.

End of life care and support

- People had the opportunity to discuss their end of life care preferences if they wanted to and these were recorded so their needs could be met.
- Staff were trained in end of life care and worked with district nurses to ensure people were comfortable and pain-free at the end of their lives.
- Families were welcome to spend as much time as they wanted with their family members when they were receiving end of life care.
- Staff made special arrangements for people to enhance their well-being at the end of their lives. For example, when one person was receiving end of life care staff arranged for an entertainer to sing their favourite songs in the home's courtyard, so the person could hear through their open window.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- All the people we spoke with said the home was well-led and they would recommend it to others. A person told us, "It seems to be very well-organised. I find the continuity and timing of service to be very good. The high-quality is the main thing. Residents know where they stand. I would very much recommend it to other people and have done."
- Other comments about the home included: "It's always nice here. The staff are very nice and helpful"; "It is managed well. Staff do anything for you"; and "I'm satisfied with everything here."
- □ The home had an open and friendly culture and people said the registered manager was approachable. A person said, "I can and do approach her. She listens and is very easy to talk to." During our inspection the registered manager spent time in communal areas talking with people and checking on their well-being. Staff confirmed this was a daily occurrence.
- The focus of the home was on providing personalised care and the registered manager and staff knew how to support people to achieve a good quality of life.
- A person told us the registered manager had an excellent overview of what was happening in the home. They said they had seen how effectively staff worked with people living with dementia and when they told the registered manager about this they said, "She already knew."
- Staff said the registered manager provided good leadership and was supportive. A staff member said, "We retain our staff. Most of the staff have been here for years because it's a good place to work." Another staff member told us, "[The registered manager] teaches us about care. The residents love her and if anyone needs her, residents, relatives or staff, she's always there."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The provider and registered manager had quality assurance systems in place to monitor the home and the care provided. Records showed audits were comprehensive and if action was needed to address any issues, this was taken.
- The provider carried out an annual full audit of the home and produced a report following this. At the last audit, in October 2018, the provider identified a small improvement needed to a care plan and the registered manager immediately addressed this.
- Staff understood their roles and responsibilities and who to go to if they had any concerns about people's well-being. Senior staff were on call out of hours if staff needed to contact them for support and advice.
- The registered manager understood regulatory requirements and had completed statutory notifications appropriately as well as completing CQC's Provider Information Return [PIR]. The information given in the

PIR reflected what we found on the inspection.

Engaging and involving people using the service, the public and staff

- The provider and the registered manager spent time with people and relatives getting to know them and listening to their views on the home.
- People, relatives and staff were invited to attend regular meetings to discuss the home, ask questions, and make suggestions.
- People, relatives, professional visitors and were invited to provide feedback on the home by completing questionnaires.
- The results of the last survey, carried out in October 2018, had excellent results. The four people who responded made many positive comments including: 'I think it's fabulous here – very clean'; 'I'm very happy here – I buzz [the call bell] and the staff appear'; 'I love the food – I think it's gorgeous – the chef is amazing'; and 'I think it's lovely and I include the managers'.
- The three visiting professionals who completed questionnaires described the home as 'friendly', 'welcoming', and with 'calm, reassuring atmosphere'.
- Of the two relatives who responded, one said, 'Great atmosphere, always pleasant and welcoming. Very happy with how [family member] has settled in and confident staff have his best interests and health covered. The other relative commented, 'I could not ask for better care than [family member] has received and still receives'.
- The three staff who completed questionnaires said they were satisfied with their training, felt people's dignity was maintained, and said they were clear about how to report safeguarding issues and complete documentation. All staff had regular supervisors and appraisals and received the support they needed to carry out their roles effectively.

Continuous learning and improving care

- The registered manager and staff listened to people and if improvements were needed they carried them out. At our last inspection it was identified that people would like more activities. A activities co-ordinator was employed and a full programme of activities put in place.
- The registered manager was committed to continual learning at the home through staff training and development programmes. She selected one of the home's policies each month for staff to read and discuss. The home had a new infection control policy which staff were aware of.
- Ongoing improvements had been made to the premises including new beds and chairs, redecoration and the landscaping of the gardens with the creation of raised vegetable beds for people to use.
- The provider told us paperwork had been streamlined to make it easier for staff to complete and staff had had further training in record-keeping.

Working in partnership with others

- The home had close links with health and social care professionals in the community to support staff in meeting people's needs, for example, GPs, district nurses, and mental health specialists.
- People were encouraged to use local community facilities including a coffee shop, garden centre and pub. The home had links with local churches and services were held in the home every month.