

Vista

# The New Wycliffe Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Outstanding



Is the service well-led?

Good



### Overall summary

This was an unannounced inspection that took place on 26 November 2015.

The New Wycliffe Home provides residential care to 46 older people living with sight loss, some of whom are also living with dementia. The home is on two floors with a lift for access and has a range of lounges and dining areas. All bedrooms have ensuite facilities. There are accessible and secluded gardens surrounding the home. Since we last inspected a new wing for people living with dementia, known as the Butterfly Wing, has been added to the home.

The home has a registered manager. This 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 told us they felt safe at the home and relatives said they thought their family members were safe. Staff

# Summary of findings

were trained in safeguarding (protecting people who used care services from abuse) and understood what to do if they had concerns about any of the people using the service.

There were enough staff on duty to meet people's needs and to spend time socialising and doing activities with them. Staff were well-trained and had the knowledge and skills to care for people effectively. There was a culture of continual learning and improvement in the home.

People told us they liked the food served. People were asked what they wanted and were given options to choose from the menu. The food looked and smelled appetising. If people required assistance with their meals staff provided this. People's nutritional needs were assessed when they came into the home and care plans put in place to help ensure these needs were met.

Staff were knowledgeable about people's health care needs and ensured they saw healthcare professionals when they needed to. During our inspection a chiropodist was in the home asking people if they would like to have their feet attended to. Staff from the home accompanied people of their healthcare appointments.

Staff were kind and caring and had a sense of fun. We saw one care worker supporting a person to walk from one end of the home to the other for lunch. They were singing 'It's a long way to Tipperary' as they made their way down the corridor which made the journey more entertaining for them both.

Pets were central to life at the home and part of the caring and positive atmosphere there. We saw people with the home's budgie perched on their fingers and one person told us how they took a staff member's dog for walks in the grounds.

Activities were a big part of life in the home. When we inspected people were making Christmas decorations and laughing and chatting as they did this. Staff showed us photos of a recent activity where a corridor had been filled with dry, crackly autumn leaves and people had walked through them or wheeled through in their wheelchairs. The photos showed how much people had enjoyed this.

The home had a happy, homely atmosphere and people using the service and relatives told us they thought it was well-run. The decor was bright with good signage to help people identify particular rooms. All areas were clean, fresh and uncluttered with wide corridors and handrails both inside and out to make it easier for people to find their way around.

People using the service and relatives were involved in the running of the home and were asked for suggestions on all aspects of the service including meals, activities and décor. Changes and improvements were made in response which showed people's ideas were valued.

The registered manager was experienced in care and knowledgeable about the people using the service. All the people using the service, relatives and staff we met spoke highly of her and said she was approachable and listened to them. The home had a formal audit system incorporating regular checks on all aspects of the service and this helped to ensure the home was safe, effective, caring, responsive and well-led.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People felt safe in the home and staff knew what to do if they were concerned about their welfare.

There were enough staff on duty to meet people needs and also socialise and do activities with them.

Staff were safety recruited to help ensure they were appropriate to work with the people who used the service.

Medicines were administered safely by trained staff.

Good



### Is the service effective?

The service was effective.

Staff were trained and supported to enable them to meet people's needs effectively.

People's consent to care and treatment was sought in line with legislation and guidance.

People told us they liked the food served.

Staff understood people's health care needs and referred them to health care professionals when necessary.

Good



### Is the service caring?

The service was caring.

People said the staff were caring and kind and we observed this in practice.

People were involved in making decisions about their care.

Staff provided people with dignified care. They gave reassurance when required and respected people's privacy.

Good



### Is the service responsive?

The service was responsive.

People received personalised care from staff who had had an excellent understanding of their individual needs.

People led fulfilling lives because they took part on activities that were meaningful to them.

People told us they would have no hesitation in raising concerns if they had any.

Outstanding



### Is the service well-led?

The service was well-led.

The registered manager was approachable and committed to improving the service.

Good



# Summary of findings

People had the opportunity to share their views about the service at meetings and on an individual basis and changes were made as a result of their input.

The registered manager and staff carried out audits and checks to ensure the home was running smoothly.

# The New Wycliffe Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 November 2015 and was unannounced.

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. Our expert for this inspection had experience of the care of older people with dementia.

Before the inspection 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. We also reviewed information from the local authority about this service.

We used a variety of methods to inspect the service. We spoke with nine people using the service, six relatives, the registered manager, the two deputy managers, four care workers, the administrator, and a member of the housekeeping team.

Due to communication difficulties not all the people using the service were able to share their views with us so we spent time with them and observed them being supported in the lounges and in the dining areas at lunch time. We looked in detail at four people's care records. We also looked at records relating to all aspects of the service including care, staff recruitment and training, and quality assurance.

# Is the service safe?

## Our findings

People using the service told us they felt safe at the home. One person said, "This is a safe place. The home's laid out so you can find your way around and the staff would never let anything happen to us." Another person told us, "I'm not worried at all about anything. I know I'm in a place where I'm well looked after." And a third person commented, "I've no worries I feel safe it's lovely."

One relative told us, "I feel [my family member] is so well cared for that I can sleep at night with no worries really about anything in anyway whatsoever as I know they are safe." Another relative said, "I feel [my family member] is safe. For example, I have noticed that staff take extreme care when they are moving and handling people."

Staff were trained in safeguarding (protecting people who used care services from abuse) and understood what to do if they had concerns about any of the people using the service. Those we spoke with said they had read the provider's safeguarding and whistleblowing procedures and knew who to report concerns to. One care worker told us, "I've worked here 10 years and I've never seen anything that concerned me about staff attitudes or behaviour. We all know how to protect people."

We talked to one care worker about how they helped to keep one of the people they key worked safe. They said they had read the person's risk assessments and were knowledgeable about areas this person might be at risk due to their physical and mental health and the activities they liked to take part in. They told us this person loved to go out and how they facilitated this safely. They said, "Before we go I make sure [person's name] has well-fitting shoes on and they are properly laced up. When we're out I guide him in the way I've been trained and we get around well because I've been his key-worker for so long he trusts me." The care worker said they also took a wheelchair when they went out in case the person in question got tired and needed a rest.

We observed that care workers were skilled and effective at assisting people to mobilise safely. On four occasions during the inspection we observed them using hoists to support people to move. This was always done safely and

care workers communicated with the people during the task asking them if they were comfortable and telling them what they were doing. This helped people to feel reassured and safe when they were being hoisted.

At lunchtime we witnessed a near-miss incident. A staff member gave a beaker of soup with a lid on it to a person who was living with sight loss. The person lifted the beaker to drink and the soup began to spill. As this happened one of our inspection team reached out instinctively to assist and was splashed with soup which was hot enough to leave a red mark on their hand. This could have scalded the person using the service if they had drunk it or spilt it on their skin. We alerted a member of staff who took the soup away and cooled it down.

When we told the registered manager about this incident she showed us an accident form that had already been completed by one of her deputies. This described the incident as a 'near miss' and reminded kitchen staff to test the temperature of food before serving it to ensure it was safe. The registered manager said the kitchen staff had already been spoken to about this incident and they would also be notified in writing. This will help to ensure that people using the service have their food at safe temperatures

The home had an established staff team, some of whom had worked there for many years. This meant the people using the service had continuity of care and staff were able to develop the specialist skills they needed to work with them. All the staff we met were approachable which meant people were likely to go to them if they had any concerns.

During the inspection we observed there were enough staff on duty to meet people's needs and to spend time socialising and doing activities with them. We did hear call bells ringing for a while on a couple of occasions until they were answered. We discussed this with the registered manager who said call bells rang for a maximum of three minutes and if they were not answered in that time they switched to an emergency tone. As this had not happened during our inspection we understood that calls had been answered within three minutes. The registered manager also told us that the call bell system was monitored via a computer system and she could check ring times each day to ensure people had not been left waiting for assistance for too long. She said that if people had been kept waiting she would review staffing levels to ensure they were appropriate.

## Is the service safe?

People using the service and relatives said they were generally satisfied with the number of staff on duty. One person told us they thought there hadn't been enough staff on duty at breakfast that morning and that at one time there was only one staff member in the dining room and they appeared to be 'rushed'. One relative said, "I would say they are short of staff sometimes in the evenings and at week-ends but overall I'm very satisfied with the care they give to my [family member]."

Care workers told us they thought the staffing levels in the home were mostly satisfactory. One care worker said, "We've been short staffed a couple of times due to illness but that's rare and there are usually enough staff." Another care worker commented, "We have time to do all jobs and talk to the residents. Sometimes we have more time for this, sometimes less. But we also talk to the residents while doing their personal care so they get plenty of interaction."

The results of the July 2015 service users questionnaire showed respondents rated staff as mainly outstanding or good. One person wrote, 'Good, very good, but staff sometimes are rushed off their feet.'

Staffing records confirmed that the number of staff on duty were consistent with the home's usual quota of staff. We discussed staffing levels with the registered manager. She said she had no evidence of people's needs not being met. She said people sometimes had to wait for a short time for care but this was the case in any care home. She said recent improvements had been made to staff availability by staggering staff breaks and using extra funding, awarded by a charity, to give people more one to one activity time with staff. She said she would continue to review staffing levels to ensure people's needs were always met in a timely manner.

Records showed that no-one worked in the home without the required background checks being carried out to ensure they were safe to work with the people using the service. We checked two staff recruitment files and both had the appropriate documentation in place. Staff files were well-organised with a checklist at the front of each one to show they were complete.

During the inspection we observed part of a medicines round in one of the lounges. We saw that the staff member giving out the medicines spent time talking with people both before and after they were given their medicines. This made the administration process less of a task and more of

an opportunity for staff to interact with the people using the service. It also meant that people were more likely to their medicines as staff made it a more pleasant experience for them.

People's preferences for how they would like their medicines were recorded in their care plans. For example, one person's read '[Person's name] likes to take the full pot with the tablets in it, he will then take one tablet out of the pot at a time. [Person's name] knows the amount of tablets that he takes.' This approach helped to ensure the person had their medicines safely while at the same time being involved in the administration process.

We looked at medicines records for one person who, on occasions, needed 'covert' medicines (medicines given in a disguised form, for example by administering it in food and drink). We saw that staff had written authorisation from the person's consultant and a 'best interests' assessment (which determines what is best for the person in question) had been carried out. Staff had also liaised with the pharmacist to check that medicines in tablet form could be safely crushed and added to food or drink. This showed staff had taken the necessary steps to help ensure this person had the medicines they needed safely and when it was in their best interests.

Medicines were administered by senior care workers who followed the providers' medicines administration policies and procedures. Records showed all staff who administered medicines been trained to do this and had regular competency checks and 'spot checks' to ensure they were safe to do this. Medicines were kept securely and records and stocks audited by the registered manager.

Records showed the home's contract pharmacist carried out annual audits of the home's medicines systems to ensure they were safe. The last audit was in October 2015 and the registered manager said she was waiting for the written report of this. However she told us that during the audit the pharmacist noticed some medicines were kept on top of the medicines trolley during the medicines round. The registered manager said this was due to lack of room in the trolley. She said that when the pharmacists pointed this out to her she ordered a new bigger trolley. We saw this in use when we inspected and observed that all medicines were kept securely as a result.

The registered manager told us staff had been working with people's GPs and the home's contract pharmacist to review

## Is the service safe?

and where possible decrease PRN ('as required') and other medicines. The registered manager said this was to reduce the risk of people being given unnecessary medicines that might have a negative impact on their quality of life. As a result of this some people's medicines had been reduced or stopped and the registered manager said this had had a positive impact on people, for example one person had

become more alert and sociable. Records were in place to evidence this and showed that people had the medicines they needed and their GPs informed if their medicines appeared unsuitable for them. This showed that staff were proactive in helping to ensure that medicines were used safely in the home.



# Is the service effective?

## Our findings

We observed staff were well-trained and had the knowledge and skills to care for people effectively. The home had a comprehensive staff training programme. Records showed that staff had a thorough induction and training in general care and care specific to the home, for example in dementia care and care of people living with sight loss.

The staff we spoke with said they were satisfied with the training they'd received. One staff member said, "The training's very good." They told us about the different courses they had done which included supporting people with sight loss, equality and diversity, and dementia. The registered manager carried out regular staff competence checks to ensure the staff maintained their skills in key areas such as medication and safeguarding.

If staff needed specialist skills and training suitable courses were provided. For example one staff member was having training in autism to support the work they were doing in the home with a person living with this diagnosis.

The managers and staff we spoke with all emphasised the importance of training in the provision of quality care. The managers each had areas/specialisms they promoted in the home including end of life care, dementia, and moving and handling. This helped to ensure there was a culture of continual learning and improvement in the home.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home 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 that related assessments and

decisions had been properly taken and the provider had followed the requirements in the DoLS. Applications under the DoLS had been authorised and the provider was complying with the conditions applied to the authorisations.

At the time of our inspection four people using the service had DoLS authorisations in place. The registered manager said all the people using the service were being assessed to see if they had the capacity to consent to all or some aspects of their care. She said those who appeared to lack capacity would be prioritised when further referrals were made to the DoLS team.

Records showed that over half of the staff at the home had training in the MCA and DoLS. The registered manager said the rest would be trained when the next local authority training session on this subject came up. This will help to ensure that all staff have an understanding of the issues surrounding consent to care.

People told us they liked the food served. One person said, "The staff know what I like and I don't have to eat anything if it's not my choice and I get enough to eat." Another person commented, "The food is very good."

At lunch time we spent time in the dining room. The tables had cloths and were set with cutlery, cruet sets, jugs of squash, and table mats. The food was served from a mobile trolley by the staff. People were asked what they wanted and were given options to choose from the menu which included tomato soup, meat or vegetarian cottage pie with carrots, broccoli, and green beans, followed by spotted dick with custard or rice pudding. The food looked and smelled appetising and the vegetables appeared fresh.

People who needed assistance with their meal were asked by staff if they wanted protective aprons to wear. Where people needed help to eat staff sat beside them to assist them. Some people had plate guards fitted to their plates to help make it easier for them to pick up the food.

At the end of the lunchtime period staff noticed one person had not eaten their pudding. They were asked if they wanted their pudding or something different. They declined both. The staff member then gave the person a nutritional supplement to drink explaining what it was and asking the person to drink it which they did. We observed that the staff member dealt with this situation in a kind and understanding way, showing concern for the person. The staff member later explained to us that the person had

## Is the service effective?

been losing weight and so it had been agreed that after each meal they would be offered a nutritional supplement to help improve their nutrition and prevent any further weight loss.

Records showed that people's nutritional needs were assessed when they came into the home and care plans put in place to help ensure these needs were met. These provided information for staff such as likes and dislikes, how food choices were made, meal time preferences, table seating arrangements, and requirements regarding equipment needed for example non-slip plate mats or adapted cutlery. This meant people were supported with their nutritional needs.

Records also showed that people who appeared to be having eating difficulties were referred to the dietician and/or the SALT team via their GP. Records confirmed that people who were at risk of weight loss were on fortified diets and their food and drink intake was recorded and monitored to check their nutrition and hydration needs were met.

Staff were knowledgeable about people's health care needs and ensured they saw healthcare professionals

when they needed to. During our inspection a chiropodist was in the home asking people if they would like to have their feet attended to and their toenails cut. One person told us, "I've had a bad foot but I'm on antibiotics and it's getting better now."

People's health care needs were recorded in their care plans and risk assessments so staff knew how to meet these. If people needed to go to a GP appointment or to hospital and had no family member who could take them, staff from the home always accompanied them. One staff member told us about taking a person using the service to a recent hospital appointment. They said, "It was great because I got to know [person's name] and he told me about the work he used to do. You see another side of people when you go out into the community with them."

Records showed the registered manager and staff advocated for people to help them get the health care they needed. For example, one staff member told us how they advocated for a person living with dementia to ensure they got the best outcome from their appointments at a local hospital.

# Is the service caring?

## Our findings

People told us the staff were caring and kind. One person said, "I couldn't say they are not looking after you because they are looking after you and they listen to worries and I'm not worried at all about anything." Another person commented, "It's lovely here and the staff are lovely so I'm very happy here."

Relatives also told us the staff were kind to their family members and provided them with good care. One relative said, "[My family] member is well cared for here, I've written that in all my Christmas cards to the staff." Another person commented, "Laughter is never far away here. The care is very good and the staff are all so very kind and always giving the residents hugs which is lovely to see."

Pets were central to life at the home and part of the caring and positive atmosphere there. We saw people interacting with the home's budgie which came out of its cage to do the rounds with the activity co-ordinator. Everyone in the lounge had the opportunity to hold the budgie and talk to it. One person, who had previously appeared withdrawn, was delighted when the budgie was brought to her and began smiling when it perched on her finger. A staff member told us, "The pets here are great ice-breakers and the residents love to see them and help look after them."

We observed that staff were kind and caring and took time to talk with the people using the service to find out what they needed. For example, one person told us they were in pain so we reported this to a care worker. They came and knelt beside the person asking her about her pain in a kind and caring way. After listening to the person the care worker got a senior care worker to see what could be done. The senior care worker also spoke with the person in a kind and caring way. They discussed the person's pain medicines with them and provided reassurance and comfort by doing this.

We saw another care worker supporting a person to walk from one end of the home to the other for lunch. They were singing 'It's a long way to Tipperary' as they made their way down the corridor which made the journey more fun and entertaining for them both. We saw the person being supported was enjoying this interaction.

Staff addressed people by name, knew them as individuals, asked them about their likes and dislikes, and engaged them in conversations at every opportunity. Staff appeared dedicated to the people who they supported and to enjoy their company. One care worker told us, "I'm taking three people out next week Christmas shopping. I love doing that and I'm really looking forward to it." A relative told us, "The staff are lovely, one even came in on her day off to take my [family member] out for a meal."

Staff told us they encouraged people to be independent and to make decisions about their day to day lives. For example, one care worker told us, "If I'm providing personal care and someone is capable and willing I give them a flannel and encourage them to wash their own face." Another care worker said, "I always give people a choice about what to wear. If someone is partially sighted I hold the clothes close up to them so they can see the colours or I describe them. Some of our residents like to look very smart so we make sure they do."

In the Butterfly Wing after lunch staff made a pot of tea and put it on the table. People poured their own tea if they were able to and then they sat and chatted together with the staff. One person helped to wash and dry the dishes which they appeared to enjoy. One person said they were tired and were going to have a rest on the settee which they did. Staff were seen enabling people to make decisions like this to maintain their independence.

One care worker told us she was assigned to take a particular person out into the community once a week. But she told us the person in question didn't always want to do this. She said, "If he doesn't want to go out I ask him what he wants to do instead and make suggestions like arts and crafts, baking, or tidying his room. It's his choice what he does, not mine."

Staff were trained to respect people's privacy and maintain their dignity and we saw this in action during the inspection. For example, we saw that when people were hoisted staff put blankets over their knees to maintain their dignity. One care worker told us, "We always knock on bedroom doors and close the curtains if we are providing personal care. If a person's family are in their room we ask them nicely to step into the corridor while we carry our personal care and we cover people up with towels when we help them to wash."



# Is the service responsive?

## Our findings

People told us the staff provided personalised care that was responsive to their needs. One person said, “I know I’m in a place where I’m well looked after and cared for and I don’t have to eat anything that’s not my choice but I do get enough to eat the staff are very good.” Another person commented, “I just like to chat and I like going out on trips best, I’m very happy here.”

People said the home’s pets provided a focus for them. One person told us, “I’m just very happy here - look at my lovely room and my pictures I’ve got my pets and I take the dog for a walk as well and we’ve got a lovely fish tank.” The home had a small dog belonging to a staff member which this person was able to take for regular walks around the garden. She showed us the garden where she walked with the dog and appeared really happy to be able to take the dog for walks. She also took us to see the fish tank.

People’s support needs were set out in their care plans. These were personalised and included photos of the person in question taking part in activities both in and out of the home. They also included people’s histories, like and dislikes, and hobbies. This enabled staff to see the individual person at the centre of the support process, and give them ideas of topics of conversation when providing people with care or at other times. Some of the staff were multilingual and knowledgeable about local cultures and this helped them to provide appropriate care for people from black and minority ethnic backgrounds.

Records showed that people and their representatives were involved in care planning. Regular care reviews were held with the people using the service, staff at the home, and relatives and health and social care professionals where applicable. This helped to ensure that the care provided met people’s changing needs.

All care workers carried a small computerised hand-held device to guide them through each day’s care tasks. This showed a picture of the person using the service and a description of the support they required on each shift, for example washing, dressing, turning, and hydration needs. The registered manager told us that if a care worker missed any aspect of care a ‘red flag’ came up on the screen reminding them what needed doing. The registered

manager said this system made it easier for care workers to provide timely care and ensure that once they had done that they could spend time socialising and doing activities with the people using the service.

People told us they enjoyed the activities in the home. One person said, “There’s so much to do because the staff are always coming up with new ideas. I’m never bored.” A relative commented, “We asked if we could have the mini-bus to take my [family member] out for lunch on her birthday and they arranged it for us. They’re very good with things like that.” Photos in the home of activities showed people sailing at a nearby marina, doing arts and crafts, and celebrating special events.

We observed that activities were a big part of life in the home. During the morning people in the Butterfly Unit were making Christmas decorations. They were laughing and chatting during the activity and appeared to be enjoying what they were doing. Staff showed us photos of a recent activity where a corridor had been filled with dry, crackly autumn leaves and people had walked through them or wheeled through in their wheelchairs. Staff said this was a way of ‘bringing the outside in’ and had been so successful that they were planning a similar activity involving fake snow which had already been purchased.

The home employed two part-time activity co-ordinators who provided a total of 37 hours of activities per week. Their hours had been made flexible to meet the needs of the people using the service. For example, activities were provided between 5pm and 7.30pm in the evenings to keep people stimulated and discourage them from going to bed too early which could be detrimental to their well-being.

None of the people using the service we spoke with said they had found it necessary to make a complaint. People told us they were able to talk to the staff and ask for things that they needed or wanted to do and they were listened to. Staff told us they always asked people if they had concerns at residents and relatives meetings, and they were also told they could approach staff at any time if anything was bothering them.

A relative told us they would speak out if they had any concerns about the service. They said, “If I had a complaint I would go to [the registered manager] as I have a good rapport with her and know she would listen and deal with



## Is the service responsive?

it.” Another relative said staff were proactive if there were any issues with the service, they commented, “If they [the staff] find something they know is incorrect they put it right straight away.”

The home’s complaints procedure made it clear who people could go to if they had any concerns about the service. Details of advocates who would support people to

complain were included, and the complaints procedure was available in a number of user friendly formats including large print, as an audio recording, and in braille. This made it more accessible to people using the service.

Records showed there had been one complaint since we last inspected. This had been thoroughly and appropriately dealt with and a written response had been sent to the complainant. The registered manager said she welcomed complaints as they gave staff the opportunity to reflect on the service and make improvements as necessary.

# Is the service well-led?

## Our findings

People told us they were happy with how the home was run. One person said, "I'm very happy here and I've got a lovely room." Another person commented, "I have everything I need here. It's very good and I'm very settled with no problems and no worries at all."

Relatives also said they were satisfied with the home. One relative told us, "The care is very good, it's very clean here and the staff are very kind." Another relative commented, "It's really good here we've no worries at all, the manager is very approachable and listens to us."

The home had a happy, homely atmosphere and the staff appeared to enjoy their work and understand the needs of the people using the service. The decor was bright with good signage to help people identify particular rooms. Bedroom doors had been made to look like front doors and each had a large door number on it to help people identify their own rooms. The home was clean, fresh and uncluttered with wide corridors and handrails both inside and out to make it easier for people to find their way around.

We looked at the results of the home's most recent quality assurance survey completed in June and July 2015. This was given to people using the service and relatives and 30 responses were received. The results were positive with the majority of respondents rating the staff as 'outstanding'. The registered manager said that as a result of the survey people were given more access to their care plans as some respondents said they wanted this. This showed people were listened to at the home and changes made as a result of their suggestions.

The registered manager of the home was out in the morning when we arrived. The deputy manager spent time with us and was able to give us lots of information about the home and the people who lived there who he knew well. When the registered manager returned we observed her coming in and out of the communal areas talking to people in a friendly caring way. It was evident that the people using the service and relatives knew her well and were happy to see her.

The registered manager was experienced in the care of older people and those who were visually impaired and/or living with dementia. She said she kept up to date with developments in care in order to make ongoing

improvements to the home. For example, staff no longer wore uniforms after dementia specialists recommended this made it easier for people to recognise individual staff members by their distinctive clothes. She said that following consultation with people using the service, relatives and staff, a non-uniform policy was adopted. She said this had proved successful with the home now appearing less institutional and more homely.

All the staff we spoke with said the registered manager provided them with good leadership. One staff member said, "She is a top manager, her heart is in the job and she is here for the residents." Another staff member commented, "She is an excellent manager, firm, passionate about good care, and fair." A relative told us, "[The registered manager] runs a tight ship and doesn't stand any messing. I have absolute confidence in her."

Records showed all staff groups at the home had regular meetings when they had the opportunity to share their views on the home. One staff member told us, "The manager always asks us what we think we can do better or differently. She always listens and takes it on board. She is brilliant, she's more than a boss because she helps out in the home and she directs and supports the staff all the time. She was a carer once herself so she knows how it all works."

We talked with the registered manager about how she involved the people using the service and relatives in the running of the home. She said people were involved via one-to-one meetings and at the three monthly residents meetings that were held in small groups to make them more user-friendly. In addition relatives' information meeting were held to give relatives the opportunity to meet with the registered manager as a group to discuss the home, although the registered manager said she also spoke to relatives every day and discussed the service with them..

She said people using the service were asked for their ideas and suggestions on all aspects of the home including meals, activities and décor. For example, new wallpaper was needed for communal areas so the staff hung 10 large examples of different designs on the walls and people voted on which one they liked best. She also said a couple of people had suggested having the main meal of the day in the evening, rather than at lunchtime, and this was going to be trialled after In January 2016 to see what people thought.

## Is the service well-led?

The registered manager also told us that relatives had asked for more information about dementia so she had done a training session with them on this, and another one on safeguarding. And following a request from relatives she had made changes to the security arrangements at the front door to make it easier for people to come in and out. These examples showed the registered manager and staff listened to the people using the service and relatives and followed up their ideas and suggestions.

The home had a formal audit system incorporating regular checks on all aspects of the service. We looked at the home's health and safety audit file as an example of this. We saw that key areas, such as infection control and window restraint were covered and the adults carried out were up to date with action taken as necessary. In addition, the home's trustees and the provider's each visited the home monthly to talk with people using the service and relatives and ensure the home was running smoothly.