West Heanton Ltd

West Heanton - Residential 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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The unannounced inspection took place on 29 July and 2 August 2016.

West Heaton Residential Home is a family run care home which has operated for 25 years. It provides care and support for older people who may be living with dementia. The home is rurally located and can accommodate up to a maximum of 23 people. There were 22 people resident in the care home at the time of the inspection.

There are supported living units within the grounds and the premises and day care is provided. A domiciliary care agency operates from the premises. The provider therefore offers integrated care and support for older people in the local community. We do not regulate the day care service and this inspection was of the care home only.

The service is required to have 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. West Heanton Residential Home had a registered manager.

Our previous scheduled inspection of September 2014 found that proper steps were not always taken in a timely manner. This was in response to a change in people's health care needs and systems in to identify, assess and manage risk, which were not always effective. This inspection found that most aspects of the service had been completed reviewed. People were safer and the staff team were completely engaged in continuous improvement to make people's lives as good as possible.

Two community health care professionals described the care provided as "superb".

Staff listened to people's views and looked for ways to continually improve their lives. This included the introduction of snacks between meals. This had increased the amount of food and drink people who lacked appetite, were taking.

Where people had behaviours which challenged them and others, these were now reduced, through staff understanding the reality of the experience of people living with dementia. A very wide range of activities was provided, based on their background, and requests people made. Independence was fully promoted and restrictions were minimalized.

Staff were kind, caring and treated people with respect and dignity. Community nurses said the staff worked with "love and gentleness".

The registered manager promoted a good ethos, putting people at the centre of how the home was run. The

culture was one of kindness and caring.

Safety within the home environment was a high priority. People's individual safety and comfort needs were well met, with risk understood and managed.

There was a high regard for ensuring people's choice and liberty were not compromised. People's legal rights were understood and the registered manager worked hard to promote them.

People were protected through robust staff recruitment and a wide range of staff training. The staffing arrangements were flexible and people's needs were very well met. Staff had a very good understanding of how to protect people from abuse and harm.

Staff felt very supported and were working within an improved staffing structure, with key workers, to promote person centred care. Care plans were very detailed and provided staff with all the information they needed to meet people's needs and wishes.

There were good systems in place for ensuring the service was well monitored.

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.

Staffing arrangements met people's needs and were flexible. Some people said they sometimes had to wait for assistance.

People were protected through robust recruitment practices.

Medicines were managed in people's best interest.

The premises were maintained in a safe way and there were robust arrangements in place for any emergency.

Is the service effective?

Good

The service was effective.

People enjoyed the food and received a nutritious diet, which was well thought through and included snack meals to help promote people's intake.

People benefitted from staff who were well supported and who received a wide range of training.

There was a very good understanding of how to uphold people's legal rights. Restrictions were kept to a minimum and only used where there was no least restrictive option. Choice and consent was fully promoted.

People's care needs were understood and well met and staff actively promoted people's health, seeking professional advice in a timely manner.

Is the service caring?

Good

The service was caring.

People were treated with respect and dignity by staff who understood them, and their circumstance, very well.

People, and the staff members, shared a close, local community, providing benefits, such and feelings of belonging and value.

A high standard of end of life care was provided.

Is the service responsive?

Good

The service was responsive.

People, some living with complex behaviours due to dementia, benefitted from staff who understood and responded to their needs very well. Feelings of well-being and inclusion were promoted.

Care was planned in detail with the person, or their representative when appropriate. Staff were fully informed about people's needs and how to meet them.

People had a wide range of activities available to them based on an understanding of their culture and background. Their individuality and independence was promoted.

People felt any concern or complaint would be followed up to their satisfaction.

Is the service well-led?

Good

The service was well-led.

The service had undergone a complete review.

Risk management and safety were very well promoted.

People's views were sought and taken into account.

The positive attitude within the staff team had led to a well run service. Staff were happy and very involved in improvement.

A positive culture was strongly promoted and led from the top.

West Heanton - Residential 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.

The unannounced inspection took place on 29 July and 2 August 2016. One adult social care inspector completed the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed any notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people using the service who were able to comment directly on their experience. We looked at the care plans and records of care of two people and sampled medicine records.

We spoke with seven staff members and the registered manager. We looked at other records connected with how the home was run, including two staff recruitment records, records of staff meetings and quality monitoring. We received information from two community health care professionals.

Good

Is the service safe?

Our findings

People expressed differing views about the availability of staff to meet their needs but we found that people's needs were being met. Regarding staff response times to call bells comments ranged from, "It's harder to get hold of staff at night" to "Staff answer the call bell pretty quick". We observed that staff were always available when needed and people received the care they needed within a reasonable timescale. For example, assistance to rise in the morning or if they needed emotional support. Staff felt there were enough staff to meet people's needs.

The registered manager said they worked to set numbers of staff because a lot of flexibility was built in to the rota. For example, staff from the domiciliary care service came into the home to work when their visits were completed. Also, an organised 'on call' system meant other staff could meet any staffing shortfall at short notice. This happened during a visit, when an unexpected staffing shortfall occurred.

In addition to care staff, people were supported by 'managers'. These oversaw, for example, the care, catering, domestic, activities and maintenance staff. Health care professionals said the needs of people at the home were met and they had no staffing concerns. The registered manager said they would be starting another recruitment campaign in the autumn to ensure staffing numbers stayed as required.

People said they received their medicines as prescribed. Medicines were stored safely. Two people had their medicines administered covertly. The necessary meetings had been held to ensure this was in the person's best interest. A staff member who was trained to administer medicines took each person's medicine storage box to them in turn. They took the time to ensure each medicine was taken as needed and the person receiving it was alright.

There were several good practice systems in place to increase medicine safety. Examples included only changing a medicine with written confirmation of what change was needed, clearly describing when an 'as necessary' medicine could be given and a photograph of each person on their medicine storage box.

There was a procedure in place should there be a medicine error; this involved a robust investigation and steps taken to reduce any reoccurrence.

People said they felt safe at West Heanton, one person saying when asked if they felt safe, "I'm not concerned about that". Staff received training in how to safeguard people from abuse and had information about whistleblowing provided in the employee handbook. Staff were able to describe the types of abuse and were very confident in how to respond should they have any concerns. This included telling the registered manager, alerting the police, Care Quality Commission (CQC) or local authority, in line with local protocols to protect people.

The registered manager understood their responsibilities to safeguard people from abuse and harm and worked with the local authority safeguarding adults' team as necessary. They had additional safeguarding training, at management level, planned for the near future.

The registered manager said, "We only recruit staff we feel have the qualities we are looking for and they do not start work with us until both the disclosure and barring checks (DBS) checks have been completed and two good references are obtained". The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This demonstrated that appropriate checks were undertaken before staff began work with people using the service.

Recruitment was well organised, Records showed that all checks were completed thoroughly before any new employee started their induction. For example, following up any gap in employment. One recently employed care worker said they had a two hour interview prior to being offered a position at the home and had been impressed by the thorough recruitment arrangements.

People's safety in the premises was a high priority and very well managed. Maintenance logs were kept up to date and equipment such as chair lifts and hoists checked on a regular basis to ensure the health and safety of both staff and residents was protected. A member of staff was responsible for testing of the alarm each week. The fire doors and escape routes were checked, findings recorded and acted upon. The local fire station officers attended the home so they could look around and meet staff and residents. The provider said that, combined with additional fire safety training they had arranged there was an increased awareness amongst all staff of the fire safety planning. Recent changes also included 'autodialling' so that, should the fire alarm sound, the fire services would be contacted automatically. Also, carbon monoxide detectors were positioned where combustion occurred so the risk from carbon monoxide poisoning was mitigated.

Staff received yearly fire safety training plus additional practical training in case of emergency. This included how to use the generator should the electrical supply fail, which would greatly increase risk. For example, air filled pressure relieving mattresses would deflate which could lead to pressure damage. 'Smoke' drills were used to simulate a real fire and give staff confidence in how to respond should there be smoke and people needed evacuation.

West Heanton is in a very rural location. The provider said there were plans in place in case of severe weather conditions. This included staff being able to stay overnight at the home to work, the use of tractors to help clear snow or drains and hard copies of people's files being available in case of computer failure.

Following an incident where a vulnerable person had appeared to be missing and was later found within the premises a review was undertaken which resulted in an overhaul of how staff should respond in such an event. A white board to coordinate a search, emergency kits and torches were available for staff, who had received training in what to do in this emergency situation.

Each person had any individual risks to their health and welfare assessed and managed. This included risks of falls, pressure damage, compromised nutrition and using the stairs. Systems were in place to monitor any accidents. Accident records were well completed with follow ups to protect people where necessary. This had included contacting appropriate health care professionals.

Good

Is the service effective?

Our findings

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles.

People said the staff were skilled in providing their care. People's health care needs were met through community health care professionals. Community nurses described the needs of some people using the service as "Very challenging". They said the care which staff provided was "superb". Staff pre-empted problems, such as pressure damage to people's skin, because they understood how to assess the situation and how to respond to each individual. Staff knowledge of first aid was said to be "very good" and staff were said to know the people in their care "very well". One person had been identified by staff as hallucinating. The staff had quickly arranged for an appropriate mental health assessment. One person needed pain relief to be provided quickly and this was arranged.

The service employed a physiotherapist and personal trainer who visited as least twice a week and was available to any person using the service. Their exercise sessions helped people maintain their mobility, which promoted their independence and helped to prevent falls. Some people had individual sessions, for example, to reach their full mobility potential. Staff described this as another form of stimulation for people.

People were complimentary about the food, with comments including, "Very good" and "Excellent". One person said they had a choice of breakfast and evening meal and if you did not like the main meal something else would be provided. One person had said they disliked any "greens". We found their vegetables were chosen with their preferences in mind, as they would eat peas, carrots and root vegetables. Two people required a vegetarian option. The day of the visit they had an alternative protein source in tomato and basil sauce; there was a good variety of vegetarian options. People's dietary input and weight was monitored. Some people needed to have their diet supplemented to increase their weight and some people were identified as putting on weight, which could be to their detriment. The required outcome and goals were clearly defined in each person's plan of care.

A team of three cooks wrote the menus, taking into account people's preferences. A cook described some "trial and error" to find out what people liked and disliked. They described the spiced foods as "not going down too well!" The menu was varied and nutritionally balanced; food was available night or day.

Based on good practice for people living with dementia it was decided to introduce snack meals, so people could eat smaller amounts more frequently. Community nurses said that the snack eating had made a difference and they could see how people using the service were more at ease and relaxed. The snack meals were served at 11am and 3pm and had included 'smoothies', mini chocolate éclairs, garlic mushrooms and mozzarella sticks. Also with regard to good practice for people with dementia coloured plates were used, so people could distinguish the foods set before them. The use of coloured drinks (such as squash) helped people drink more than when water was provided. We saw people drinking fresh apple juice and being offered a second glass, each person had drinks in their room and hot drinks were regularly brought around.

The registered manager and staff were strong advocates for protecting people's legal rights. Throughout the inspection we observed people being offered choices and staff listening and responding to what each person wanted.

The Mental Capacity Act (MCA) provides a legal framework for making particular decisions on behalf of people who 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. Two people were refusing their prescribed medicines but lacked the capacity to understand the consequences. Therefore people who knew them best, including their GP and family, met to decide how to act in their best interest. Other best interest decisions included supporting a person who wished to return to their home. The registered manager had supported their wish by offering a supported living flat to see how they would manage alone but it was found to be in their best interest to remain at West Heanton.

People's capacity to make decisions of importance had been assessed and recorded. For example, whether a person was able to consent to the use of a monitoring device. The registered manager understood how those decisions might need to be time specific, for example, at a time of day when their understanding was at its best. One person had been admitted to the home for a respite period but it was then realised they were unable to live independently. Concerned that the person had not consented to a prolonged stay the registered manager ensured an assessment of their capacity to make an informed decision was assessed. This showed that the service acted to meet their responsibilities under the MCA.

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

People were able to enter and leave the care home at their own discretion because the service ethos included people living as unrestricted a life as possible. However, safeguards were in place to protect people. For example, a sensor alert surrounded the building, to immediately inform staff should an external door be opened at night.

Staff were provided with the information they needed to know about the three authorisations in place to deprive people of their liberty. Also available was the current situation for other applications under DoLs, which the registered manager kept under review.

New staff were supported to complete an induction programme before working on their own. One said, "The quality of care here is amazing". They described their induction as "Excellent. Very professional".

Newly appointed staff undertook the nationally recognised Care Certificate as part of their induction. Induction was carried out by at least one assistant manager, covering the geography of the home, for example, the location of first aid boxes as well as the policies and procedures, whistleblowing policy, use of the computer and data protection issues. They shadowed more experienced staff until they were familiar with people's individual care needs and their competence had been assessed. The registered manager described how flexibility made for "better working relationships". For example, if a care worker found that working within the confines of the home did not suit them, they could be offered work in the community, providing domiciliary care, also provided by the organisation. Or perhaps a change in working role. This meant that people benefitted because staff worked in a role that suited them best.

People benefitted from staff who had received a very wide range of training. A new training regime was in

place because the registered manager had identified that this improvement was needed. Previously most training was in-house. Now a specialist outside company supported the in-house training provided. In addition, community nurses provided some training, such as monitoring people's blood sugar levels. The registered manager described how staff had learned a lot from product company representatives. In particular, this kept staff knowledgeable about new products, such as creams to protect people's skin.

Staff said they were very happy with the training they received, one saying, "It is very good. Always good". Staff training included aspects of safe practice, such as infection control, and also conditions affecting the people using the service. This included dehydration and pressure damage. Strong emphasis was given to understanding the needs of people with particular conditions, such as dementia and we saw examples of staff providing excellent interaction with people. For example, recognising that the person's perception of what was happening was not actually a true perception; staff helped them live that reality such as believing they were caring for a real baby or pet. This helped people feel valued and accepted. Some staff had undertaken training in end of life care, with one studying this further as part of a qualification in care. The registered manager had received positive praise from the staff about the improved training.

Staff received supervision of their work depending on their work status. For example, newly appointed staff, or where a practice issue needed to be discussed, supervision was used as a vehicle for the discussions. Where a change of role was considered, supervision was used to introduce the change and follow it up. One staff member described being offered advancement from care worker to senior care worker. This showed there were structures in place to facilitate changes and improvement, to maintain an effective service.

The registered manager, having recognised that the service was not always as effective as it could be, had reviewed the way staff worked. The introduction of a key working system they described as "making the final difference to the care the clients receive". The key worker role provided people with a specific staff member to be along-side them in decision making and ensuring the service they received was as effective as possible.

Good

Is the service caring?

Our findings

West Heanton provides end of life care which community nurses described as being to a very high standard. They said the staff worked with "love and gentleness".

Staff had received training in end of life care. The registered manager said the training was "incredibly useful" and they now want to establish links with a local hospice and learn more skills.

GP's were completing end of life plans for people, known as treatment escalation plans (TEPs), so that people's wishes were known in advance. In addition, the registered manager had devised their own questionnaires asking people about their end of life wishes. The registered manager had raised with a person's GP a discrepancy between one completed TEP and what the person had told them. This was because they did not correspond, and the registered manager wanted to be sure the person's wishes would be respected and staff would be clear how to achieve this.

The registered manager said, "We want our residents to feel confident and comfortable that if they want to discuss what is often a very difficult subject it has been sensitively handled with care and thought".

People's comments about the staff included, "Staff are nice", Very caring", "The girls are very good", "Staff are friendly" and "The staff are kind and friendly."

The provider said, 'We are proud to be a family run establishment serving the needs of our local rural community and the care we provide is based on the individual retaining as much independence as possible and being treated with dignity and respect.' Staff told us how people using the service often knew the staff, having lived in the same local area and shared the same community. The registered manager talked to people about the local services he remembered as a child, knowing the people using the service had experience of the same places and time.

People appeared contented. Staff shared a joke with some people. One joked with a person about going through a car wash, because the person had just showered. Staff were observed providing gentle guidance and a kind word. One rubbed a person's shoulder; another held a person's hand when they were very unwell.

People's bedrooms were personalised and decorated to their taste. Each person's room was very individual to them. People told us they had what they needed and were comfortable. Some had all or some of their own furniture and each had items of importance to them to hand. Community nurses described the service as "very homely".

The home and grounds were spacious and allowed people to spend time on their own if they wished. Those who had chosen to remain in their rooms said they were quite happy and content to do so. Others shared conversation in a lounge and a conservatory was also available. There was a recent addition of a "hall". This was a large comfortable lounge and activity area in the grounds, accessible from the main building.

Included was a large film screen. The registered manager said they had been very surprised how the films had held people's attention for a prolonged period of time.

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. For example, one person became upset, asking for their mother. We saw how staff understood and spent time with them, providing distraction and reassurance.

People's records included information about their personal circumstances and how they wished to be supported. One person would only allow one staff member to assist with their personal care. That staff member would visit them, see how they were on the day, and then broach the subject of bathing, then assisting them if they were agreeable.

The provider said they were exploring ways of getting feedback from people who have communication difficulties so they had feedback from everyone regardless of their physical or mental condition. Questionnaires about the service had been completed regularly to gain people's views. Also, key workers were spending time with people to review their care with them, where this was possible. Where necessary and appropriate people's families were involved in those discussions.

Good

Is the service responsive?

Our findings

Our previous scheduled inspection of September 2014 found that proper steps were not always taken in a timely manner in response to a change in people's health care needs. This inspection found staff responded quickly and effectively to any change in people's needs. This was because arrangements for assessment, care planning, staff roles and communication had been improved at the service. Community nurses said, "The staff have the right balance of when to call health care professionals" and "The (registered manager) is very good at asking questions".

People benefitted from partnership working, which promoted meeting their individual needs. There was a six-weekly 'link' meeting between the community nurses and the staff to discuss each person using the service and pre-empt any problems. Because many of the people using the service were initially known through day care or received care in the community they were already known to staff when admitted to the home. Community nurses felt this was very positive for people at what could be a difficult time because "people already know the faces of some staff who will be caring for them".

Staff were able to describe specific details about people's needs and behaviours. For example, two people had exhibited walking without purpose, being unsettled and always appearing anxious. 'Baby companions' (dolls) had been introduced which had provided those people with a focus which had transformed their behaviour. We saw one person 'nursing' their baby companion, looking contented and at ease. Community nurses said it had been very obvious when the baby companions had been provided that the people who wandered had stopped "looking for something".

Another person kept a toy pet in their room. The person was settled when they felt the pet was being cared for properly. This involved staff changing its food and water daily and this was included in the person's plan of care. The person looked very happy to see the registered manager when he visited to see if the pet was being cared for, and shared a joke with them.

Another person liked animals very much and so a date was arranged for some Alpacas to visit the home.

One person was known to love walking. The registered manager said, "She walked all her life. It was a major part of her life". It was decided, following best interest meetings and consultation with the local authority deprivation of liberty team that a GPS monitoring device could be used, so they would be able to walk without restriction, but the risk from this was mitigated.

One person, who suffered with poor mobility, and depression, had one to one walking each week with the physiotherapist. This dedicated time maintained their mobility and they received the opportunity to spend time with a non-care worker, who was of their gender. The physiotherapist also assisted a person to visit the gardens on a regular basis to see the flowers, as she wanted to.

Many people using the service were from farming backgrounds. One staff member said, "We know the residents and families very well; we are local and residents are local, we can chat about local issues". We

were told that one person was "pushed up the road" when combine harvesting was happening so they could experience the sight, sound and smell. The registered manager said they had plans to take some people to a cattle market in a local market town.

Community nurses said one person was admitted in a very low state of mind had wanted to die. They said it had taken a long time for them to settle but over the days and weeks they had developed a more positive outlook on life and their quality of life was much improved. They added "Sometimes it buzzes here. One person had wanted to do ballroom dancing and the staff tried everything they could to achieve this for them". The registered manager said a ballroom dancing event had been arranged in response to the person's request.

Staff responded to people's requests. For example, one care worker said they understood and happily accepted that certain people were happy for them to provide their personal care, whilst others did not, due to their gender.

People's differing abilities and needs were taken into account regarding the type of activities or events they might like to attend. This had led to a weekly minibus outing with destinations chosen by people using the service. Trips had included lunch at a seafront hotel. Another initiative was 'movie afternoons', held each week with films chosen by people and projected onto a large screen with drinks and snacks available throughout.

Planned activities were daily events at the home with people from the supported living units or day care also included. This helped to maintain friendships within the community. Each day there was a coffee morning when activities workers would see what activity might suit people that day. Activities included craft work, talking about current affairs, reminiscence, word or physical games and using memory boxes to start conversation. We were told that on sunny days people had their meals outside. The gardens were very attractive and full of flowers.

There was lots of craft work displayed around the home and regular entertainment advertised. One person's care plan described them as liking singing. A care worker told us how happy this seemed to make them. Holy Communion was once a month. The registered manager said, 'Nobody is forgotten and residents who are unable to participate in activities have extra one to one care for things they may like for example nails care, jigsaws or just chatting.' This was confirmed by an activities worker who explained how different people preferred this to be provided. For example, one person liked to be "pampered" but would only accept this from the one staff member. People told us they were happy with how they spent their time. One said their family visited each afternoon and they had 'talking books'. Another said they did not mind staying in their room where they had newspapers, magazines or watched television.

The registered manager said that results from a questionnaire showed people were not feeling as involved in their care planning as much as the service felt they were. To resolve this they set up the key worker system so individuals had a senior care worker designated to them to involve them in their care plans. The plan was discussed with the person to ensure it was as they wanted it to be.

People or their relatives were involved in developing their care and support plans. Care plans were personalised to each person's needs. Their use had been standardised, including recording what people needed written from the view of the person (in the first person). They included sections on people's behaviour patterns, communication and preferred routines. Information was detailed. Each section included a goal, action to be taken and any related policy so that the person or their family member, were kept aware of the standards to be provided. The registered manager said, "We have concentrated very hard

to ensure the views, thoughts and preferences of the individuals are at the heart of their care plan whilst allowing for flexibility".

Information in people's care plans provided the detail for staff to respond to needs effectively. For example, where a person had diabetes the goal was for their blood sugar to be within a specific limit. The action included meal options and preferences and the policy which staff could refer to about meeting nutritional needs. A care worker said, "Care plans are very useful. You can easily find what you need to know". Risk assessments related to each relevant section of a care plan. For example, risks were clearly defined for either a blood sugar level that was too high, or one that was too low. This helped staff respond quickly when a need occurred.

People said they felt confident that they could take any concern or complaint to the staff or registered manager. One said, "I would mention it to any of the staff". The registered manager had complaints forms available for staff to record any concern or complaint raised with them. Community nurses said, "The management act on things straight away". There had been few complaints and each had been investigated and resolved. Where necessary staff performance had been managed with the guidance of an external human resource service, to ensure this was done in line with legislation. This showed that meeting the needs of people using the service was given a high priority.

Good

Is the service well-led?

Our findings

Our previous scheduled inspection of September 2014 found that systems in to identify, assess and manage risk were not always effective. This inspection found systems for quality monitoring had been fully reviewed and the service was running effectively, providing a high standard of safety and a good experience for people.

The home had a registered manager and is a family run service. They will be celebrating its 25th anniversary during 2016. Events are planned both for people using the service and the staff.

The service had a positive culture that was person-centred, open, inclusive and empowering. Staff were encouraged to recognise where improvement could be made and reflect on their practice as a way of improving. The provider had worked with a human resource company to look at ways of improving the service. The registered manager said that following their engagement "The ethos to change ideas changed overnight". This meant that each staff member now looked to make improvements to people's lives. For example, changes to staff breaks ensured staff got enough rest to be fully able to carry out their duties and give people their full attention. Staff training was better organised, providing a wide range of information to help staff gain the skills to meet people's needs. A new training hall had been built which helped facilitate this. Regular feedback questionnaires had led to improved care planning; ensuring people were involved in decisions about their care. An incident where a person appeared lost led to a revised procedure on how to respond effectively. Staff meetings provided a time for staff comment and ideas. The registered manager said, "Staff feedback is vital and the outcomes of the staff meetings to be held this year will give perspective from their view and incorporate their ideas". Staff said how useful the meetings were.

The management looked for ways to continually improve the service for people. Toward that, in additional to staff meetings, 'managers' meetings were held for the most senior staff, the last one being in May 2016. This included the use of a computerised training aid to show the managers how the service would be progressed. The registered manager was a role model who was clearly liked by people using the service and respected by staff. One staff member said, "The registered manager is very willing. He listens and issues are addressed immediately". The registered manager had been the driving force in improving the service. They had completely reviewed most aspects of how the service was run, putting people at the heart of the improvements.

There were innovative ways to improve safety and give people the freedom they wanted. For example, using the smoke machine as a training aid for staff and initiating a GPS monitor for a person whose main desire in life was to walk in the countryside.

A staff bonus scheme gave financial incentives for training and attendance. Staff said that training times were now more flexible, helping them to be able to attend. The registered manager said, "I have spent some considerable time this year with our HR (human resources) company producing an up-to-date employee handbook so staff feel more appreciated". In addition, new contracts for staff included detail about what was expected of them. Some staff had been at the home since it opened 25 years ago this autumn.

There were systems in place to monitor safety and how the service was running. This included regular quality monitoring questionnaires for people, care plan reviews, the availability of the registered manager, and staff meetings. Systems were audited, such as care plans, the use of the care certificate for new employees and any accidents and incidents.

Regulatory responsibilities relating to the way the service was run were being met because the registered manager kept the CQC very well informed.