

Hartford Care Limited

Stokeleigh

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Stokeleigh is a care home that provides personal care for up to 30 older people. The service is provided in accommodation over three floors. At the time of the inspection, 24 people were living at the home.

People's experience of using this service

These are just some of the care homes recent reviews. People wrote, "I've found mum's residence excellent in all respects, with no concerns presented at all over two and a half years of residency. All staff consistently carry out their duties with respect, care and professionalism, often going beyond requirements", "They treat all residents as members of the family and the care home is a 'home' in all respects. Stokeleigh provides excellent care all round, they are always kept busy with different activities, and it's nice to see all the residents mingling" and "There is a great warm friendly caring atmosphere. Staff are always welcoming. It's lovely to see a smile on my nan's face and to know she's cared for with very high standards".

The service was exceptionally caring and put people at the heart of everything they did. We were introduced to people throughout our visit and they welcomed us. They were relaxed, comfortable and confident in their home. Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. They were knowledgeable about people's lives before they started using the service. Every effort was made to enhance this knowledge so that people's life experiences remained meaningful.

The service was safe and risks to people were managed well. Staff knew how to protect people from harm and had received safeguarding training. There were enough staff employed to help keep people safe and to meet their needs. Recruitment practices were safe and relevant checks were completed before staff started work at the service. There were systems in place to ensure medicines were managed safely. Staff followed the providers infection control policy and procedure to limit the risks of cross infection.

The service was effective in meeting people's needs. Staff received regular supervision and support. The annual training programme equipped staff with essential skills and knowledge. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. People were supported to have maximum choice and control of the support they required. People received a healthy, balanced diet and their preferences were respected.

A responsive service was provided to meet people's health and social needs. They received person-centred care and support. Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals. The service supported people with end of life care with the support of other community health professionals.

The service was very well led. People received a good standard of care because the management team led by example and had expectations about the standards of care people should receive. Staff were enthusiastic

and happy in their work. They felt supported within their roles. Staff described working together as a team, they provided person-centred care and helped people to achieve their potential. Systems were in place to monitor the quality and safety of the service and the care people received.

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

Rating at the last inspection

The last rating for this service was Good (published June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Stokeleigh

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Stokeleigh is a 'care home'. People in care homes receive accommodation and personal care and/or nursing care as single package under one contractual agreement. 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 inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with seven people and spent a period observing the interactions between them and the staff

team. We spoke with eight members of staff, as well as the registered manager and deputy. We looked at three people's care records, together with other records relating to their care and the running of the service. During the inspection we spoke with one relative. Following the inspection three relatives wrote to us to share their views about the service provided to their loved ones.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- Relatives felt their loved ones were safe, happy and secure. One relative said, "I Love that there is a sensor mat in mums' room at night. If she were to get up the staff would be aware of this. This gives me peace of mind and makes us feel mum is as safe as she can be".
- Staff understood the processes to follow to safeguard people in their care. The registered manager and staff recognised their responsibilities to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies notified included the local authority, CQC and the police.
- People were supported by enough staff with the skills, experience and knowledge to meet their needs. Staff rotas were well managed and were planned in advance.
- During the inspection, the atmosphere in the home was calm and staff did not appear to be rushed and they responded promptly to people's requests for support. The whole management team assisted and helped care and support people each day.
- The service continued to ensure staff employed had suitable skills, experience and competence to fulfil their roles. Pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Assessing risk, safety monitoring and management

- Staff managed risks relating to people's health and well-being. This included risks associated with weight loss, moving and handling, maintaining skin integrity and difficulty with swallowing and potential choking risks.
- Some people required equipment to keep them safe. This was risk assessed and staff received training on how to use the equipment to reduce risks to people. Specialist equipment included pressure relieving mattresses, profiling beds, mobile hoists and equipment to help people shower and bathe safely.
- There was a programme of daily, weekly and monthly health and safety checks in place to keep the premises, people, visitors and staff safe.

Using medicines safely

- Medicines continued to be managed safely. There had been no significant errors involving medicines in the last 12 months. Audits identified if any improvements were required and this was communicated to staff.
- Staff completed safe medicine administration training before they could support people with their medicines. They were observed on medication rounds until they felt confident and competent to do this alone. Practical competency reviews with staff helped to ensure best practice was being followed.

Preventing and controlling infection

- The home was clean and free from any unpleasant odour. It was evident the whole housekeeping team took pride in maintaining a nice place for people to live. One relative told us, "The bedrooms and communal areas are very clean, checked regularly and kept to a high standard".
- The provider had infection prevention and control policies in place and staff had received training. They had access to the equipment they needed to prevent and control infection. This included, disposable gloves, aprons, soiled/dirty laundry storage and cleaning materials.

Learning lessons when things go wrong

- Staff understood their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation detailed the lead up to events, what had happened and, what action had been taken.
- The registered manager completed monthly audits of incidents to help identify any action that could be taken to help prevent recurrence.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- The registered manager continued to complete thorough assessments for those people who were considering moving into the home. In addition to the individual, every effort was made to ensure significant people were also part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered was detailed and supported the service and prospective 'resident' to decide whether the service was suitable and their needs could be met.
- The registered manager demonstrated a sensible, measured approach before taking any new admissions, ensuring the staff compliment, skills, current dependency levels of people living in the home and the environment were satisfactory.

Staff support: induction, training, skills and experience

- People were supported by staff who felt confident and competent to assist and care for people. There was a good skill mix and experience amongst the staff team.
- Staff confirmed induction and subsequent training they received was effective. New staff worked with senior staff to assist with continued training throughout the induction process. Staff did not work alone until they felt confident.
- Staff felt encouraged and supported to increase their skills and gain professional qualifications.
- Staff told us they worked well as a team and there was a continuous theme of supporting and supervising each other. Staff received supervisions and told us they were supported by the registered manager, deputy and colleagues. When asked in a recent survey what does the service do well, one person wrote, "The staff work well together an excellent cohesive team. The relaxed, kind management approach reflects on how staff work".
- Supervisions supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore.

Supporting people to eat and drink enough to maintain a balanced diet

- People chose where they wished to receive their meals. The meals prepared and served to people were well received. Comments included, "The chef provides a great menu choice", "The lovely chefs cook fresh meals daily and are happy for us to visit the kitchen and talk about what's on the menu and accommodate dietary requirements and preferences" and "The food is fantastic and it's always nice to enjoy lunch with my nan".
- People were clearly enjoying their lunch during our visit, socialising together and having a glass of wine with their meal. One relative told us, "The dining room is like a restaurant, linen napkins and a nice

environment for all residents to socialise together. I also love that as a family member we are always welcome to join mum at very short notice".

- Although there were menus, people were supported to choose whatever they wanted on the day. People's choices and preferences were respected and this was always discussed at 'residents' and relative meetings. Drinks and snacks were readily available throughout the day.
- People were supported with special dietary requirements. This included diets for people with diabetes, cultural preferences, compromised swallow and fortified foods for those at risk of weight loss.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The home ensured everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services.
- Staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected.

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

- People's rooms were comfortable, warm and clean. They had personalised them with ornaments, pictures, soft furnishings and photographs.
- Several areas of the home had been decorated and refurbished since the last inspection.
- Great care and attention had been given to all areas of the home and grounds which were decorated and maintained to a good standard.

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 understood the principles of the MCA, how to implement this and to support best interest decision making.
- There were no restrictive practices. Staff offered choice to people and asked for their consent when offering support.
- Daily routines were equally flexible and centred around personal choices and preferences. People were moving freely around their home and socialising together.
- The service had submitted DoLS applications for people. Some were waiting to be processed by the local authority and others had been authorised. Systems were in place so that the registered manager could monitor these for when they expired and needed to reapply.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

The registered manager wrote in their PIR, "Everyone is treated equally, with respect and understanding. Laughter is often heard at Stokeleigh, staff, residents and their families are like one big family".

- Since their inspection in June 2017, the service had considered how they could sustain and develop to further enhance their passion to provide an exceptional caring service.

It was evident during our conversations that people meant everything to the staff. Comments included, "I love it here and I love the residents. I miss them when I have days off", "I feel proud and gratified when I leave my shift, I like making people smile", "I am very happy here the residents mean everything, it's the best job I have ever had" and "Choice is paramount this is their home and we all respect that, I feel good when I leave my shift".

- The whole staff team knew people incredibly well and this was equally reflected in care plan documentation. People and where necessary relatives had been consulted about what made people feel safe, happy and cared for. Many people liked this to be by way of tactile interaction, for example, holding hands, a light touch on their arm and receiving hugs. There were lots of hugs and we too were hugged by one lady in particular. It was very clear to see the value this had on people and was extremely powerful in relieving anxiety, loneliness and stress.

- We received heartfelt comments from people and their relatives throughout our inspection and we read equally similar comments in written compliments received. Comments included, "The care the staff give is unfailingly kind in my experience", "This is a care home that cares", "The staff often go above and beyond" and "I have been hugely impressed by the care given by all the staff during this time".

- Examples were shared with us about how little things had impressed people with regards to acts of kindness. One daughter told us about how their mum had been supported by a member of staff to attend her wedding. She wrote, "One of the carers, gave up her own personal time to be available at my wedding. This was to be there for mum just in case she needed help. I thought that was exceptional".

- The registered manager spoke with us about one person who she found in a very low mood one morning. She asked her what she would like to do that would make her happy. The lady replied she would like to stand outside and feel the rain! The registered manager explained that even the simplest request can make someone happy and lift their mood for the rest of the day.

- One relative told us about mealtimes and choices. They said, "I love the fact that mum doesn't have to choose in advance. Two choices of the main course and desserts are brought to the table for mum to look at visually to assist her to make a decision. This is excellent for people with dementia".

- Information in people's care plans reflected how staff had got to know people well so they could

Supporting people to express their views, be involved in making decisions and supporting independence

- The service continued to have a strong, visible, person centred culture and was exceptional at helping people to express their views and choose how they wanted to live their lives. Staff had a good awareness of individuals and they were knowledgeable about people's lives before they lived at Stokeleigh. Every effort was made to enhance this knowledge so that people's life experiences remained meaningful. The whole team approach was the driving force in delivering a person-centred service. One relative wrote in a recent survey, "So much hard work is put into everything, especially making sure that residents are fully involved".
- The service had recently joined a charity incentive called The Wishing Washing Line project. People living in care homes express a wish about something they would like to do. This is then pegged to a washing line in local supermarkets and those who can grant the wishes contact the care home. A 104-year-old lady who lives at Stokeleigh, expressed a wish to be arrested by the police. She told people, "I am 104 and I have never been on the wrong side of the law and I want to see what it feels like!". Avon and Somerset Constabulary were contacted and they said they would be 'delighted to help'. The lady was arrested by the police, handcuffed and driven to the local police station with sirens and blue lights! Making this wish come true was sensational for everyone involved and the lady became a media star, including international news coverage from as far afield as Brazil and Australia. The registered manager told us it was a magical day and everyone was so pleased to make her wish come true.
- Another wish for one lady was to experience a trip in a vintage car. She dressed up in all their finery and even wore a tiara. The best surprise was that the car used was featured on the television series Downton Abbey. It was a memorable experience and was thoroughly enjoyed.
- Independence and autonomy was always promoted and was at the centre of the care and support people received. The ethos of the service was to support autonomy and ensure people were not de-skilled. Residents were fully supported to be involved in the daily running of the home, they help to prepare vegetables for lunch, lay the tables and enjoy housekeeping and laundry. They also run their own garden club, sewing bee club, travel club, enjoy baking sessions and wine making classes.
- The registered manager wrote in their PIR "Residents want to be active and we encourage them to take part in the daily running of the home, this gives them sense of achievement". Relatives told us, "I think it is excellent that the residents are encouraged to help out and cook as much as possible. This helps reinforce their sense of worth. This also applies to helping in the garden too" and "Mum helps cooking cakes or butter bread for meals, for her it makes her feel needed and she is doing chores she loved to do in her own home".
- People had been assessed for walking aids due to restricted mobility. Staff were seen assisting discreetly, keeping an eye on them, but giving them the space and room to move around independently.

Respecting and promoting people's privacy and dignity

- Promoting dignity and respect was at the heart of everything when delivering any care and support to people, family members and each other. One relative told us, "I have seen innovations and improvements over the last three years with emphasis on a balance between treating the residents with kindness and respect and allowing them to have a great deal of fun.
- During our visit we saw staff demonstrating acts of patience and kindness. Mealtimes were a good example, where staff promoted an atmosphere that was calm and conducive to dining. People who required assistance with eating and drinking were supported at their own pace and respectfully.
- People were smartly dressed and looked well cared for. It was evident people were supported with personal grooming and staff had sustained those things that were important to them prior to moving in to the home. This included preferred style of clothes that were clean and ironed, shaving, manicures, helping people to fasten their jewellery. People enjoyed going to the homes salon to have their hair done.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service had a visible, person centred culture. Care was holistic and considered people's physical, emotional and spiritual wellbeing. Recent surveys confirmed that people and their relatives planned and contributed in developing their care plans to ensure preferences were respected. One person wrote, "I look forward to planning my day. There is nothing I am not pleased with, you're the nearest to perfect. I am delighted to be here". A relative wrote, "I have two monthly reviews with the deputy to go back through mum's care plan, checking that everything is to a certain standard for my mum. This includes personal care, happiness and wellbeing".
- Changes to people's needs were responded to quickly and appropriately. People had a continuous daily evaluation which helped identify any deterioration or change in people's health.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities

- The service protected people from social isolation and recognised the importance of social contact. The registered manager supported and promoted raising the profile of the home and being part of the community. Community police, local schools, pre-school children, and church members visited the home either to perform or to spend time with people individually.
- Every effort was made to enhance and maintain family support and existing relationships so that their life experiences were meaningful and relationships remained important.
- Visitors were welcome any time and people saw family and friends in the privacy of their own rooms in addition to lounge/dining rooms in the home. Family and friends were invited to special events throughout the year. One relative told us, "I am particularly impressed by the open access at all times to families and friends of the residents. This speaks volumes. We are always welcomed and encouraged to participate in activities. I have just returned from a fabulous Christmas party where the residents clearly had a wonderful time".
- People and their relatives confirmed that activity provision both within the home and the community continued to be enjoyed. The ethos of the service was that people should be afforded every opportunity to live a normal life and enjoy those things that everyone has a right to. Ideas and initiatives to support this were constantly thought about and discussed with people and amongst staff. The activity coordinator was committed to her role, proud and determined to ensure people were happy and fulfilled. She told us, "I absolutely love the home and I love making a difference to the lives of the residents". One relative told us, "There are many activities organised she is an excellent activities coordinator. Mum has enjoyed lots of activities and trips out both locally and further afield. The weekly tricycle rides around the Downs is an example of how the home tries to include the less mobile residents in fresh air activities".

- Stokeleigh had a diverse staff team who often led on activities relating to their own culture and traditions. With a mixed ethnicity staff group, themed days had been a big part of the home, focusing on food and nutrition and looking into fashion and dress from around the world. The registered manager told us, "This not only promotes the staff to share their own traditions, but it helps with hand and eye co-ordination skills when sewing and making the traditional dress of that week or month".

- Children had played a big part in the home for some time and staff and relatives were encouraged to bring their children and grandchildren to the home to help develop intergenerational relationships. A local nursery visited once a week to have activity sessions. In turn, people visited the nursery to share the nursery experience first-hand. The registered manager told us, "The residents often spend days talking about the children's visits and it is wonderful to see how 'young they become' when getting down on the floor and playing with the children".

End of life care and support

- People were cared for when they required end of life care, with the support from GP's, district nurses and palliative care nurses.

- Staff felt privileged to care for people when they were dying and took pride in making sure they respected choices and maintained people's dignity. Care plans reflected people's wishes when planning ahead.

- Staff had received some lovely written comments from relatives when they had lost a loved one by way of thank you cards. Comments included, "Thank you for your dedication and care and making mum's final days so peaceful", "The whole staff team did a wonderful job looking after my mum, I am very grateful to you all" and "Thank you for your kindness, especially the tender loving care, amazing staff thank you each and every one of you".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was shared with people in formats which met their communication needs in line with the Accessible Information Standard.

- Care plans identified how people preferred to communicate and where extra support was required. The speech and language team worked alongside staff to help formulate care plans around effective communication where required.

- Picture cards were used to assist people with choices for example food and drink preferences.

- Staff had received training to help understand non-verbal body language to help interpret how people might be feeling.

- Staff used the Abbey Pain Scale which is used as part of an overall pain management plan. The Pain Scale is an instrument designed to assist in the assessment of pain in people who are unable to clearly articulate their needs.

Improving care quality in response to complaints or concerns

- The daily presence of the registered manager and deputy meant people were seen every day and asked how they were. This approach had helped form relationships with people and their relatives where they felt confident to express their views. One relative told us, "I'm able to discuss concerns, I feel if I have any concerns I would alert this to any member of staff and I know any concerns would be addressed".

- Formal complaints were thoroughly investigated by the registered manager in an open transparent way. Where required lessons were learnt and improvements made.

- Things that may have worried people or made them unhappy were documented in the daily records and gave accounts of any concerns, how they were dealt with and communicated to staff. This information was

also shared with staff in shift handovers.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted good quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The ethos, vision and values were provider led and, as such, applied across all their services. This included, current best practice, innovation, plans for the future and striving to be better. Improvements across the organisation included the 'Taster Day' policy. This was an initiative used as part of the interview process to give staff who had not worked in care a 'taste' of what working in a care home and in the role was like. This allowed both the individual to make sure it was right for them, as well as to ensure the individual was the right person for the role. People and permanent staff were involved so they could provide feedback on the individual. The overriding principle regarding this policy was to ensure people were protected from harm and abuse, and that recruitment initiatives such as these were done in such a way that protected and promoted the care and welfare of everyone.
- The registered manager, deputy and staff team maintained a clear focus on continually seeking to improve the service people received. They were a good, cohesive group who worked well as a team.
- The ethos of a person-centred approach to care and treating people as individuals was consistent amongst all staff.
- Systems in place contributed to the smooth, effective operation of the home whilst still retaining its personalisation.
- The registered manager and deputy led by example, they were caring, kind and respected. People and relatives spoke well about them and the home. Comments included, "In my opinion, Stokeleigh is outstanding and I feel lucky that my mother is so well looked after", "Everyone is so friendly and welcoming. This is a credit to the manager and deputy manager", "Both the managers and staff are excellent, they are caring and provide an environment of home from home".
- The registered manager and deputy had skill sets and experiences that complimented each other and contributed to why their working relationship had a positive impact on everyone that used the service, Staff were equally complimentary and spoke with us about what they thought their qualities were. Comments included, "They are both amazing and very approachable", "They listen to ideas I may have", "They are very hands on and don't sit in the office all day", "They both kept encouraging me to progress as a senior, they increased my confidence with training and there is a good support network" and "They are really nice people I can't say a bad word about them".
- The organisation had internal 'Hartford Hero' awards, recognising staff members who 'go above and beyond the call of duty'. The deputy was awarded the 'Overall Hartford Hero of the Year 2019'. They had been nominated by a family whose relative had lived at Stokeleigh. In their written entry they stated, "He is a dedicated, hardworking professional who ensures the care of the residents is always his number one

priority. He has always ensured she wanted for nothing and looked after our family. He always treated her with the greatest care and dignity through a gentle and empathetic manner as kindly as he would his own mother. As our mother's end drew near, he ensured that her religious beliefs were catered for and respected. His kindness helped us through a very difficult time and ensured our memories during her last few weeks were good".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service.
- The registered manager was open, honest and transparent when lessons could be learned and improvements in service provision could be improved.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had considered the Key Lines of Enquiry (KLOE) which CQC inspect against and how they will plan to improve and further enhance current good practice they were achieving.
- The management team knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.
- Systems were in place to monitor and evaluate services provided in the home. Concerns, incidents, accidents and notifications were reviewed. This was to analyse and identify trends and risks to prevent re-occurrences and improve quality.
- Audits were carried out for health and safety, infection control, the environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required. The provider also conducted quality assurance visits to monitor the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Survey results reflected positive outcomes for everyone who used the service, with high percentages of satisfaction achieved.
- The service promoted and encouraged open communication amongst everyone who used the service. There were good relationships between people, relatives and staff, and this supported effective communication on a day to day basis.
- Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included handovers and written daily records.
- Other methods of communication included planned meetings. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. The minutes reflected meetings that were effective and meaningful.
- 'Pen Pals' was set up to promote communications with people who lived in the providers other homes. Staff worked across the group too; this gave them experience in other care settings, a range of knowledge on how individuals were supported in other parts of the organisation and share good practice within their own home. People were also encouraged to visit other homes. The registered manager told us, "This is a great opportunity to see different parts of the county and meet new friends".

Working in partnership with others

- The service ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and DoLS teams and CQC.

- The registered manager attended local provider and care home forums and linked up with other local home managers.