

Weatherstones House Care Limited

Hinderton Mount

Residential Home

Inspection report

Chester High Road
Neston
Cheshire
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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 inspection took place on 5 and 7 April 2016 and the first day was unannounced.

Hinderton Mount has been operating as a care home since 1985. Weatherstones House Care Limited has owned and run it since 1998. The home is a large house that has been converted and provides 25 places for older people who require personal care. It is situated on Chester High Road, a mile-and-a-half from Neston town centre on the Wirral.

At the time of our inspection 24 people were living at the service.

There was a registered manager in place. 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.

We last inspected the service on 11 April 2014 and found that it met all the regulations assessed at that time.

People told us that they were supported by staff that was kind and caring. Relatives of the people who used the service felt welcomed and supported by all of the staff. Staff had time for people and treated them with respect. People received care in a dignified manner that protected their privacy. Staff encouraged people to be as independent as possible and offered them choices in their day to day living.

People told us that staff knew them and their needs well and responded to their wishes promptly. People had been involved in planning the care and support they received from the service. Their needs had been identified, assessed and reviewed on a regular basis. People's care plans were accurate but required more detail in order to make them more in a person-centred.

Everyone we spoke with, including people who used the service, their relatives and external professionals said people received individualised care. A wide and varied range of activities was on offer for people to participate in if they wished. Regular outings were also organised outside of the service.

People were protected from the risk of abuse as staff could demonstrate they understood what constituted potential abuse or poor care. Staff knew how to report any concerns and they felt confident the service would address these appropriately.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. Although the service had not recorded the mental capacity assessments they had made on the people they supported, the principles of the MCA had been adhered to. Applications had been made to the supervisory body for consideration under DoLS.

Staff told us they worked as part of a team, that Hinderton Mount was a good place to work, that they felt

supported, morale was good and people were happy in their work. Staff received the training they needed to deliver a high standard of care. They told us that they received lots of training and were actively encouraged to access any training specific to their job.

Staff communicated with others in a respectful and professional manner. The service worked with other healthcare professionals to ensure people's health and wellbeing needs were met. People received prompt medical and wellbeing services and staff assisted people to follow recommendations in relation to their health.

Staff had been employed following appropriate recruitment checks that ensured they were safe to work in health and social care. We saw that staff recruited had the right values and skills to work with people who used the service. Staff rotas showed that the staffing remained at the levels required to ensure all peoples needs were met and helped to keep people safe.

People had confidence in the management team and saw them on a regular basis. They found the manager to be approachable, supportive and available as required. People felt listened to and told us they had confidence that any concerns they may have would be addressed. The registered manager continuously assessed and monitored the quality of the service, including obtaining feedback from people who used the service and their relatives. Records showed that systems for recording and managing complaints, safeguarding concerns and incidents and accidents were managed well.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People were protected from harm and received support from staff who knew how to keep them safe.

Risks to the health, safety and well-being of people were addressed yet enabled people to remain independent.

The service had safe and robust recruitment procedures that ensured people were supported by suitable staff.

The service had good systems in place to safely support people with the management of their medicines.

Is the service effective?

Good ●

The service was effective.
The service was effective.

People received effective care that met their needs and expectations.

Staff received induction, on-going training, support and supervision to ensure they always delivered the very best care.

People were provided with a choice of meals which met their personal preferences and they were supported to maintain a balanced diet and adequate hydration.

The service had excellent working relationships with other professionals to ensure that people's health needs were met.

Is the service caring?

Good ●

The service was caring.

People and their relatives repeatedly praised the kindness and compassion of the staff that supported them. Staff took a real

pride in the care and support that they delivered

Staff had a comprehensive understanding of people's needs and worked with them to ensure they were actively involved decisions and their care and treatment.

Care was consistently provided in a way which respected people's privacy and upheld their dignity.

Is the service responsive?

Good ●

The service was responsive.

People care that was responsive to their individual changing needs. Staff supported people to be as independent as possible and always placed people at the centre of their work.

There was a strong emphasis on meeting people's emotional well-being through the provision of meaningful social activities and opportunities.

People were actively encouraged to give their views and raise concerns. People, relatives and staff felt valued because their views were listened to and any issues raised were handled in an open, transparent and honest way.

Is the service well-led?

Good ●

The service was well led.

People, their relatives, staff and visiting professionals were extremely positive about the way the home was managed.

People benefited from staff that worked well together and were happy in their roles.

The quality of the service was monitored and the service was keen to further improve the care and support people received.

Hinderton Mount 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 inspection took place on 5 and 7 April 2016 and the first day was unannounced. It was carried out by one adult social care inspector.

Prior to the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's welfare or safety and the registered provider is required to send these to us by law. 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 also contacted the local authority safeguarding team and the local quality assurance team for their views on the service. They had no concerns.

During the inspection we spent time speaking to people who used the service and observed their interactions with staff. We spoke with twelve people about their experience and support. We also were able to speak to six relatives and view the written comments made by ten more. Three professionals visited the service during the inspection and shared their positive thoughts with us. There was also the opportunity to speak to three people who provided structured activities for those at the service. Staff were available to speak with us and nine did so during our visit.

We viewed the care records for seven people and the medicines records for all the people who used the service. We tracked the care and support three people received. We also looked at records in relation to the management of the home. These included the recruitment and staff files for nine staff members,

maintenance records, staff training records, the home's auditing system and minutes from meetings held.

Is the service safe?

Our findings

People who lived at the service told us that they were cared for and felt "Safe and happy". Relatives echoed this view and made comments such as "I can trust the staff implicitly to look after my [relative] and keep them safe no matter what may happen" and "For the first time in a long time, my [relative] is safe and well cared for.

All the people we spoke with who used the service said that they had never felt upset or concerned at any time by the way they had been treated. A visiting health care professional told us, "I have been coming to this service for many years and have never seen anything that has concerned me". All staff had been trained in safeguarding and were fully aware of their responsibilities for keeping people safe. They were aware of the signs of abuse and clear about any actions that they would take. Staff told us that they felt confident to report concerns but, as one staff recalled, "In all the time that I have worked here, nothing has given me cause for concern". Staff recognised what would constitute poor care or neglect. The registered manager submitted information to the local authority each month about any concerns raised within the service and also notified the CQC of relevant events.

People who used the service required the staff to manage their medicines on their behalf. One person told us "They always make sure that I get my pills, lotions and potions on time, they are very good at it". Processes were in place for the ordering, administration, and the disposal of medicines and these were put into practice. Medicines were stored safely and securely in line with the manufacturers or legal guidance. The records kept such as the Medication Administration records and the controlled drugs book accurately reflected the medicines given and available. Each person's blister pack which contained their medicines included a photograph for identification purposes. Appropriate protocols were in place regarding the administration of 'when required' medicines. These gave clear and specific directions to staff. Regular medication audits were conducted by the service. An annual medication audit had also been conducted by the Western Cheshire CCG and this had been positive.

Accidents and incidents were recorded by staff in line with the registered providers policy and procedure. Actions were taken when an event occurred in regards to an individual such as updating falls risk assessments and revising care plans to look at ways of minimising further harm. We found that there had been no wider analysis of themes and trends. It is important to review this information in order to highlight any improvements that can be made and to monitor the overall care. By the second day of our inspection, the registered manager had put in place an audit tool to allow her and the staff to look at incidents in more detail.

Risks were fully assessed with both general environmental and specific risk assessments completed. For example: pressure area risk assessments were completed. Appropriate measures were put in place to reduce identified risks such as the provision of appropriate pressure relieving equipment. However, adequate records were not in place to ensure that all staff knew what the mattress settings should be. We spoke to the registered manager about this and by the second day of our inspection this had been rectified and clear records in place. The service had regular visits from a number of dogs which the majority of people

loved. Appropriate consideration had been given to potential risks for each person. Each person had a personal emergency evacuation plan in their care record and copies of these were also held securely at the front door for emergency staff to access.

We checked the recruitment records of three staff and saw that the service had thorough recruitment and selection processes in place. All the required checks, including obtaining and verifying references and checking application forms were in place. A Disclosure and Barring Service (DBS) check was carried out before staff were employed to work directly with people who used the service. A DBS provides the employer with information about any criminal convictions or cautions and whether the person is barred from working with vulnerable adults or children.) This meant that people received support from staff assessed to be of suitable competence and character.

Over the two days of inspection, we had no concerns over staffing levels and people's needs were met in a timely manner. A deputy manager and senior care staff worked alongside care workers to meet the needs of the people. There was additional support from volunteer administrators, domestic team and a chef. Staff had a daily task sheet so that they were aware of whom they were supporting that day and what additional tasks were required, The registered manager told us staffing levels were based on occupancy and people's dependency levels and that extra hours could be made available if someone required extra care. One relative told us "My father had one to one care for a period when they were unwell as staff did not want to leave him on his own". The registered manager worked alongside the staff team on the floor and had an in-depth knowledge of people's needs in order to ensure that staff levels were correct. Staff confirmed "Not only is she the manager but she will roll her sleeves up and help with anything that needs doing so she knows what we need".

Systems were in place by the registered provider to monitor the safety and suitability of the premises. The registered provider had detailed plans in place to support the service to respond appropriately to any emergencies such as fire. Regular weekly and monthly audits were carried out on all utilities such as gas, electricity and water safety. Detailed records were kept of the servicing, maintenance and testing of equipment and services. External safety audits were undertaken by contractors, and by the council's environmental services and health and safety departments. We saw any deficits identified by staff and recorded in the maintenance book were addressed promptly.

The service was clean and well maintained. The housekeeper took a real pride in their work and ensured that all rooms were clean and clutter free. Records of cleaning schedules were kept for tasks that had to be completed on a daily or weekly basis. Infection control meetings were attended with colleagues from the Cheshire and Wirral Partnership Trust to ensure that they had up to date knowledge and practice around the prevention of acquired infections.

Is the service effective?

Our findings

People who used the service told us that the staff met all of their needs well and kept them independent. They commented; "The staff do everything that I need them to", "All my wishes are catered for" and "Staff really know what they are doing here".

People's dietary needs and preferences were discussed upon admission, and this information was shared with the kitchen staff. Meal times were set but breakfast was flexible. We saw people go to the dining room in the morning at their own pace. There was a choice of food each day but people could request different things if they did not want the menu choice. Menus were available so people could make a choice on the day and these were colourful and pictorial. Snacks were offered between meals that were both healthy or seen as a treat. We observed kitchen staff in discussion with people about what snacks and cakes they would like for the rest of the week so that they could order and prepare things to a person's liking.

People told us they were very pleased with their meals and said they were offered good variety. People's comments included, "You get a very good choice here", and, "The food is great and you would never go hungry." People had the choice of eating in the dining room, the lounge, and conservatory or in their bedrooms. The tables were set out attractively with appropriate condiments and pretty china crockery was used. People were free to sit with whom they chose. Meal times and 'coffee breaks' were a social occasion with people chatting and laughing with each other and the staff. The lunch meal looked attractive and was well presented.

We saw that there were appropriate monitoring systems in place for those who were at risk of dehydration or weight loss. People who required support were assisted in an unhurried and dignified way by designated staff. People were also encouraged to take regular drinks to avoid the risk of dehydration. Where people liked to stay in their rooms, fresh drinks were made available and we observed that staff assisted and encouraged fluid intake at frequent intervals.

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 service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Due to the lack of mental capacity assessments in some cases, the service was not always able to

demonstrate they had applied the principles of the MCA or whether was appropriate to do so. However, in discussion with staff we concluded that people's human rights were being protected.

We found that the provider had, in part, followed the requirements in the DoLS and several applications had been submitted to the local authority and were waiting for assessments. Where people were unable to give their consent to being accommodated in the service, appropriate applications had been lodged with the supervisory body for the use of such safeguards. Only one person had been assessed and authorised to date.

The registered provider had fitted a coded entry system to the service in order to improve security. This had been viewed as a DoLS by staff and applications had been submitted to the supervisory body. However, they had not fully understood that some people did not require this authorisation as they did not lack in mental capacity. Staff confirmed that they would be free to leave should they so wish to even if it meant a potential safety risk.

People told us staff always asked their permission before they did anything for or to them. We also explored what staff understood by consent and what this meant for people. The staff respected and understood the need to gain people's consent to the care they received. We observed staff ask people for their permission before undertaking care tasks such as moving and handling and entering bedrooms. Staff were fully aware of people's right to refuse their proposed interventions, and told us they respected this. Where able, people were asked to sign to indicate their consent, for example, with their care plans and for having their photograph taken. The registered manager told us the issue of mental capacity was usually covered in the assessment documentation received from the referring professional.

We spoke with the registered manager about the importance of demonstrating on-going assessment if there was any doubt about a person's mental capacity to make certain decisions such as support with medication; managing monies etc. When we returned on the second day, the registered manager showed us an assessment tool that she had devised in order to assist staff to assess and demonstrate the consideration of mental capacity and any best interest decisions made. They informed us that staff would immediately review and record all key decisions using this tool.

Staff received training and support appropriate to their role. The registered manager told us that all new staff remained under supervision and supernumerary to the rota until their competency to work independently had been formally assessed. A structured induction programme was in place and for new staff this now included undertaking the Care Certificate. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. We spoke to staff that had recently completed this and they told us that it had informed their practice and increase their confidence in what they did at work. Records were kept that showed what training individual staff members had received and when they were due for refresher training. As well as providing all training required to carry out the basic functions of the role, the service gave staff the opportunity to attend further training that focussed on the needs of people using the service. Staff commented that all the training was "Interesting", "Useful" and "Helped in your day to day work". Staff told us that the registered manager was very supportive of staff improving their skills and knowledge for their own personal development. Staff had been enrolled on management courses in preparation for a more senior role. One staff member said that "You have to keep going and keep improving as we want to be the best that we can here at Hinderton".

The registered manager told us the service accessed lots of the training made available by the local authority and this gave the staff the opportunity to meet with people from other organisations and to share ideas.

People had swift access to any healthcare professionals they may require. Contact numbers for local district nurse teams, the GP, palliative care team and equipment services were prominent in the office. We spoke to three visiting health professionals who all commented that the "Service provided effective care", that "They call us when it is appropriate to do so" and that "They do all that they can to support people to stay healthy". Records showed that appropriate referrals were made to professionals such as doctors, dentists, opticians and dieticians. Relatives praised the healthcare support provided to their family members and commented that staff were very quick to respond to any health issues or concerns. Feedback from other professionals confirmed that they had good working relationships with the service and praised the proactive actions of the registered manager. People were offered 'healthy living' and exercise classes during their stay. We spoke to two of the providers of these activities whom we met on inspection. They told they told us that staff recognised the need to keep people active and were always "Really engaged, supportive and receptive to ideas".

Is the service caring?

Our findings

Without any exception, people praised the registered manager and the staff for their kindness and care. One relative summed up their feelings when they said "As a relative it is hard to pass the care of a loved one on but I have every confidence in the care that my relative receives and the staff. So I can relax". Another said "From day one, the manager and the staff have put all of the residents first and the manager will do everything in her power to make it the best it can be" and someone wrote that "I think that it goes from strength to strength".

Feedback shared with us was that "The care was of the highest standard" and that it was the "Staff and manager who went that extra mile to make this home special". Relatives felt that care was consistent and compassionate and that staff really knew people well. One commented "My [relative] is always telling me how wonderful all the staff are, and believe me she would tell me if they were not too."

Families acknowledged that a move into residential care for most was a difficult period but that the staff at the service did everything they could to alleviate concerns. One person told us "I want to thank them for all the help and support we received during what was a very stressful time".

People described living at the service as being part of a family. One person said "They make us feel like long lost friends and not simply a customer". A relative told us that they had chosen the service after visiting many other places as it "Was the only place where it really felt like home – and not a home". There was a real sense of everyone supporting each other to provide the very best outcomes for the people who lived at the service.

Relatives and visitors were encouraged to come into the home at any time. They told us that they always were made to feel welcome, were able to pop in at any time. One relative recalled "It is always an absolute joy to visit as we are always treated by the staff as if we are family visiting them at home". They said that the staff went "That extra mile" to make them feel welcome. Relatives said that both they and friends were encouraged to come for meals and to sit with their loved one. Another told us that they and other family members could all arrange to come and have Sunday lunch just "Like the old days when they were at home".

Relatives and professionals commented that they had never come in and found anything that made them feel uneasy or gave them cause for concern. One visitor said "Every time I visit (and that varies as to day and time), my relative is always in clean clothes and very comfortable. A visiting professional said "I am always impressed by the whole outlook and positivity of the staff: they seem to genuinely care".

One professional said that "You benchmark care by whether or not you would place your loved one somewhere: and here it's a definite yes" and another commented, "The staff are very, very professional, person-centred, day in, day out. You judge a place by asking would I choose this home for my relative. Yes I would". A staff member said that "I worked somewhere else and left as the care was poor and would have never left my relative there. Here was different from the start and I would leave any of my relatives here

without question".

We spoke with some volunteers to the service that had relatives who had previously lived there. They told us that they had returned to help out to "Pay back some of the kindness they were shown" and that "This place is like family that you just can't leave behind".

It was recognised by people and relatives that staff sometimes had a difficult job that came with its challenges but that this never impacted on their care. It was said that "Staff and the manger had a sunny disposition despite doing what must be a very difficult job at times".

People told us that staff were always respectful towards them. They confirmed they were offered the choice of a female or male care worker for personal care tasks, and were asked how they preferred those tasks to be undertaken by staff. One person told us "They do extremely well at managing privacy and dignity. They always knock on my door and keep my dignity when they have to undress me". Another person said "They make me feel special, not just one of a number". On several occasions we noticed that staff approached people to offer personal care or assistance with meals and each time this was done discreetly without others noticing.

Dignity training was included as part of on-going training and staff were able to demonstrate the things they did to ensure they treated people in a dignified way. Some staff was nominated dignity champions but told us that all staff took a personal commitment to ensure care was given in a respectful manner. We observed staff knock on doors seeking permission to enter. Staff described to us how they would always maintain a person's dignity whilst delivering personal care and respected their choices. Staff also explained how information about a person was kept secure and the importance of holding personal conversations in a confidential space.

During all activities and throughout the day there was a high level of engagement between people and staff. We observed excellent interaction between people and staff who consistently took care to ask permission before assisting them. Music for Health organisation attended on a regular basis and the staff told us that the service valued their input and focused on a person's wellbeing. They told us "The room is full and people are really encouraged to come along". We saw this activity taking place and it was a really fun time for people, one person said "I love it that they arrange for them to come, it brightens up my day".

Is the service responsive?

Our findings

People told us they were treated as individuals and felt the service provided made them "Feel special and cared for". Relatives shared this view and made comments such as: "It was a hard decision for all of us to make, but Hinderton had settled [relative] right down, they are now happy and not anxious anymore". "I am amazed at the transformation as my [relative] is so relaxed and content" and "I feel so happy and reassured that they are getting the best care and attention".

All of the staff understood the importance of ensuring the needs of the people were at the heart of what they did. The housekeeper told us that they often changed their hours to carry out tasks at night or over the weekends so as not to disrupt a person's day to day routines. They explained "We have to make it as convenient as possible for the people here, you have to remember, that this is their home and not ours. We are the guests". Another staff member told us "We are here solely for the people we look after and if you are not, then you may as well go home now and find another job".

Professionals confirmed this approach. One told us, "The staff here go that little bit further than other places I visit to keep people interested and involved in their care".

A pre assessment was carried out by a senior staff member prior to a person coming to stay at the service. This information was used to form the basis of a care plan for staff to follow in order to deliver the support a person required. People were allocated a key worker who was responsible for keeping their care plan records up to date and to act as an advocate for that person in regards to matters around their care and support. There was a daily handover between shifts to alert staff to any changes in needs.

Care plans were in place and would allow staff to provide the basic requirements of support. However, through discussions staff were able to recall to us in great detail all the preferences, routines, characteristics and personal details of the people that they supported. We spoke to the registered manager about the benefits of having this level of detail recorded so that staff, less familiar with the person could also provide a personalised service. When we returned on the second day, they had already revised one person's care plan with their key worker and informed us of the plan to complete the others in line with that example. A training session on personalised care plans had been set with staff for the following week to support the review of records.

There was an emphasis on ensuring people had meaningful interactions and activity throughout the day and evening. This reduced the risk of people feeling socially isolated. We saw that people had strong friendships and connections and enjoyed each other's company. A relative told us, "I have watched one person becoming more social since coming here. Before, they would sit and just watch people playing games but now after encouragement they take part in lots of things". There was a mini-bus available for use and people were also encouraged to maintain community links. In the warmer months, regular trips out were arranged which people told us they really appreciated. There was also outside space with garden areas that people were encouraged to use and help maintain

People told us they were actively encouraged to make choices about how they spent their time in the

service. They said they could choose when to rise and retire to bed; what they wore, what they ate, where they went within the building, whether to join in activities and how their personal care was given to them. One person told us "I have the best of both worlds: I can stay in bed for my breakfast and then go into the lounge for the rest of the day, or until I get tired". Relatives confirmed this, and one explained "My relative is happier in their room. Staff do their best to encourage them to interact but they always respect his wishes".

We asked people if they knew how to complain if they were dissatisfied. All said they had been told, but felt they had no need to complain. One person said "You can't please all of the people all of the time, but they give it their best shot!" All the relatives we spoke to were aware of how to make a complaint but told us they had never had too as all issues were resolved quickly at an early stage. A person said to us "I don't recall any issues that we raised that have not been dealt with or explained to us in a professional and compassionate way". There was a complaints policy that provided accurate information to people as to how to make a complaint and this was acceptable to people.

Is the service well-led?

Our findings

All staff commented that the registered manager understood the needs of the service users but also the pressures and demands faced by the staff. They described her as "A hands on manager", and said "She would not ask any one of us to do something that she would not be prepared to do herself".

The service had a registered manager who had been registered for almost five years. The registered manager was fully aware of the responsibilities that this brought. They ensured that all significant incidents were notified promptly to the Care Quality Commission in line with the guidance. They were positive and enthusiastic about the inspection process, valued the feedback given and saw it as an opportunity to further develop the service as they strived to be an 'outstanding' service.

We found there to be a culture of openness and transparency, alongside a dedication from all staff members to provide the best possible care to people receiving the service. Staff at all levels were approachable, knowledgeable, professional, very keen to talk to us about their work and committed to the on-going development of the service. There was mutual respect between the registered manager, senior and other staff, and a strong sense of teamwork. The registered manager and the staff team took an obvious pride in their work, yet they were not complacent, and were constantly looking to see how the service could be improved. The registered manager told us that she was "Constantly on the CQC website reading reports to see what was needed in order to be an outstanding service".

Staff stated that the service was well led and that they were well supported by the registered manager and the registered provider. They had access to supervision and all commented how stable the staff team was and how they worked together. Many of the staff had been at the service for many years and described how it had previously been a cause for concern. They felt that it was the current registered manager that had made all the difference and they told us that "Everyone now wants to come to work and to stay". A relative commented that they had "Totally transformed Hinderton Mount into a happy and bright home" and another said "She has built excellent relationships with the staff, residents, relatives, health staff and right down to the fruit and veg man".

One staff member told us, "We have an excellent manager who treats us with respect. The office door is never closed and we are listened to". A second staff member said, "The registered manager is very, very passionate about getting the best outcomes for people and has their best interests very much at heart. She is highly respected". We noted the registered manager regularly worked on the floor and visited the home in the night and at weekends. They told us this allowed them to keep a close eye on every aspect of the day to day care in the service and enabled them to know the people living there as individuals.

A survey had also been carried out with staff as to how they felt they were supported and what would help them in their roles. All staff responded positively and in particular commended the support that they had from their manager. Comments included "She is so approachable, she helps out with any problems: personal or professional", "She is understanding" and "She is competent and an excellent leader". One staff member had not intended to stay for long at the service but was still there she said, "I ended up staying here

longer than I ever intended as its wonderful and just like being part of a big family".

Staff meetings were held on a monthly basis and staff given the opportunity to discuss people and matters of concern. It was also seen as an opportunity to discuss good practice such as the dining experience, menus and activities as well as staffing issues like uniforms and shifts. Meetings were also held with people who used the service and their representative. They were given an opportunity to say what they liked about the service but also what, if any, improvements could be made. For example, at the last meeting, people were nominated to help the cook to revise the menus for the summer months.

The registered provider had undertaken a quality assurance survey with users of the service and their relatives in the last 12 months. All of those who responded said that the service was "Perfect" and that they "Would not change anything".

The registered provider did not have in place a robust schedule of those audits required to monitor the quality, effectiveness and safety of the service. There was no accurate record of what specifically had been looked at during an audit, what had been found and what actions were then required. However, although there was no formal quality assurance process the registered manager was on the floor daily observing and reviewing the quality of the service. The registered manager told us the registered provider visited the home on a regularly basis and always spent time looking at the building and speaking to people who used the service but they not record or evidence the outcome of these visits. We spoke to the registered manager about the need to have systems in place to record and demonstrate the checks that are being carried out. Following the inspection, the registered manager forwarded some information regarding her plans to improve this practice.

The registered provider had a set of policies and procedures in place to support staff in their day to day work. However, these were out of date and had not been revised to incorporate new guidance and best practice. The registered manager informed us that these were currently under review and that she met on a regular basis with her counterparts (for other services owned by the registered provider) during which they had started to review the policies and processes in place. We saw a sample of the new policies that were due to be issued.