

Ideal Carehomes (Number One) Limited

Herald Lodge

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

Herald Lodge care home provides support to older people and to older people living with dementia. The home comprises of two floors, with people with more advanced dementia mostly living on the first floor (although they had access to the ground floor facilities). The service accommodates a maximum of 42 people. The home was full at the time of our visit.

At the last inspection, the service was rated 'Good'. At this inspection, whilst the home continues to be rated good overall, we saw a lot of improvements which showed the home was working towards a possible 'outstanding' rating in the future.

The home continued to provide safe care for people who lived at Herald Lodge. There were enough skilled and knowledgeable staff on duty to meet people's needs and staff were deployed effectively to support safe care. The provider undertook comprehensive checks on the suitability of prospective staff to work at the home.

Staff had a detailed knowledge and understanding of people's needs. They provided excellent care for people and were responsive to people's thoughts and feelings. Staff had received training which gave them the knowledge and skills they needed to provide effective care.

The majority of people who lived at the home lived with dementia. Staff knew how to support people with dementia well. They understood the importance of accepting the person's reality and working alongside it, providing re-assurance and support. Staff also understood the importance of gaining people's consent before undertaking any task on their behalf, or before supporting a person with that task.

People were happy, settled and demonstrated extremely positive relationships with staff. The manager and staff saw the home as an extended family, and relatives and visitors told us they felt a family atmosphere when they visited.

People enjoyed the meals provided and had a range of choices throughout the day. The meal time experience was a pleasant occasion. People were offered a range of drinks throughout the day so they were not thirsty.

People had a very good range of activities to engage them during the day. This included planned weekly activities, as well as impromptu activities, reminiscence, and chats with staff.

Staff were alert to risks associated with people's care. When people required the support of healthcare professionals, the home ensured they were referred in a timely way. Staff acted on the advice of the healthcare professionals involved in people's care. Medicines were managed safely.

Staff felt well supported by the registered manager and their senior team. They received individual support,

good induction and training to provide them with skills and knowledge. They felt able to speak with the management team if they had any concerns. The registered manager felt well supported by the provider. Staff and the management of the home worked well as a team.

The registered manager listened and acted on any areas of concern raised by people or their families. They asked people and their relatives to complete questionnaires about the quality of care, and responded to any areas people were not as satisfied with. The registered manager demonstrated a real passion for ensuring people who lived at Herald Lodge received high quality care.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service is caring.

Staff were extremely supportive of people who lived at Herald Lodge and knew them well. During our visit we saw many acts of kindness and were told by people, their relatives, and visitors to the home of the excellent care and support given by staff. Staff worked to ensure people's dignity was maintained at all times and their privacy was respected and supported.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Herald Lodge

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection which took place on July 26 2017 and was unannounced. The inspection was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we looked at the information received from our 'Share Your Experience' web forms, and notifications received from the provider. These are notifications the provider must send to us which inform of deaths in the home, and incidents that affect people's health, safety and welfare. We also contacted the local authority commissioners to find out their views of the service provided. They had no concerns about the service.

During our inspection visit we spoke with 10 staff (including domestic, care, kitchen and activity staff). For a large part of our visit we engaged with people and staff in communal areas of the home and also undertook a 30 minute SOFI (Short Observational Framework Inspection). We used the SOFI to help us assess whether people's needs were appropriately met and to identify if people experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with two people and five relatives during the inspection visit. After our visit we spoke by phone to three relatives, the visiting hairdresser, the podiatrist for the home, and received an email from a GP whose patients lived at the home.

We checked the administration of medicines, looked at two recruitment records, four care files, activity records, the complaint record, and records the management team maintained to ensure the smooth running of the home and the health and safety of people who lived at Herald Lodge.

Is the service safe?

Our findings

At our last inspection 'Safe' was rated 'Good'. At this inspection people who lived at Herald Lodge continued to receive good safe care. During our visit staff were attentive to people's needs, and made sure people were not put at risk. For example, a member of domestic staff told us they made sure they did not leave cleaning products unattended, or cables trailing over the floor when vacuuming.

Staff knew the potential individual risks each person had in relation to their care (for example poor sight, or a history of falls) and worked well as a team to reduce the risks of people being placed at harm. Staff also supported people to maintain their independence. A person told us they felt "Safe all the time" and a relative told us, "I am confident they are kept safe and well looked after."

Another relative told us when their relation first came to the home they fell out of bed. To minimise the risk of this happening again, their bed was placed against the wall and turned around to face the other way. A sensor mat was placed next to the bed to alert staff if their relation was moving around. They told us their relation had not fallen out of bed since.

There were enough staff on duty to keep people safe. Most people and relatives felt there were enough staff to keep people safe, although one relative thought at week-ends there were times when this was not the case. Staff told us there was usually enough on duty to keep people safe. They felt there were only staff issues if a staff member phoned up at the last minute to say they couldn't work their shift.

We spent a lot of time in communal areas during our visit, and we saw staff deployment as well as staff numbers contributed to safety. For example, there was usually at least one member of staff in the communal lounge/dining areas who was available to support people if the need arose.

The provider's recruitment procedures contributed to people's safety. Staff were not recruited to Herald Lodge until their DBS (Disclosure and Barring Service) checks or references had been received. These were then checked to ensure the person had no prior history which would mean they were unsuitable to work with people who lived at Herald Lodge. A member of staff said, "I had an interview, DBS check and references, I couldn't start until after they came through."

Staff understood how to safeguard people from abuse. They knew the organisation's policy in relation to safeguarding and said if they were ever concerned that someone was being abused they would immediately report it to their senior or a manager. Members of the management team at the home were clear about their responsibilities to inform the local authority safeguarding team and the CQC if there were any concerns about people's safety. This meant potential abuse could be appropriately investigated.

The home was well maintained and records demonstrated that there were regular checks for fire safety, gas and electric safety, water safety and to make sure the equipment used was safe. Evacuation procedures were displayed throughout the building and people had individual evacuation plans to help fire and rescue services evacuate the premises if the need ever arose. Staff were knowledgeable of the evacuation

procedures and their roles and responsibilities should an emergency occur.

Medicines were managed safely. Medicine care plans were in place for each person with information about the person's medicines, health condition and allergies. They also contained information about how people preferred to take their medicines. One person preferred to take their medicines on a spoon with a small amount of water. We saw this was how they were given their medicines.

Care plans for medicines given 'as required' were also in place for each person and included details of how a person who was 'non-verbal' could indicate they needed their medicine. For example, a person's care plan said if a person had irregular body movements, facial expressions, and held areas of their body (stomach/back), this would indicate they were in pain. We saw one person being offered their 'as required' medicine. The staff member said, "How are you feeling this afternoon? Would you like some pain killers?" They took their time with the person saying, "Here you go, just one more tablet, would you like some more water with that?"

The medicine administration records had been completed correctly for all medicines we reviewed, this included records for stronger medicines which required tighter controls and recording. We saw all medicines had been stored in line with manufacturer's guidance.

Is the service effective?

Our findings

At our last inspection, 'Effective' was rated as 'good'. At this inspection people who lived at Herald Lodge continued to receive good effective care.

During our visit staff demonstrated they were skilled and knowledgeable. They had received training to support people's health and safety and we saw this put into action. On one occasion, a member of staff had their back turned to people whilst they were making a cup of tea for a person. During the time their back was turned, a person placed themselves on the floor. The member of staff turned around and saw the person on the floor and immediately called for help. All subsequent action by staff members demonstrated good training in respecting the dignity of the person and moving the person off the floor safely, using equipment to do so.

Staff had received training to support them in working with people with dementia. We noticed this knowledge was used when they spoke to people, and engaged with the person's reality. For example, when people asked if their mother or father was coming to see them, staff did not remind them their relation had passed away, but moved the conversation on to something else, at the same time offering re-assurance.

The majority of people who lived at Herald Lodge lived with dementia. Each person had been assessed to determine whether they could make complex decisions or whether these needed to be made in their best interests. Information in care plans told us that staff were aware of day to day decisions people were still able to make for themselves.

New staff were provided with a good induction period, and worked towards the Care Certificate as part of their induction. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. Staff were also supported to achieve diplomas in health and social care, and qualifications to support them with specific areas of care. For example, a member of staff told us they had completed a level 2 certificate in end of life care, and a level 2 certificate in dementia care. Staff told us they worked alongside other staff for two weeks when they first started working at the home and this gave them time to get to know people well.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager informed us that applications had been sent to the supervisory body responsible for authorising DoLS for all people in the home whose liberty had been deprived. They were waiting for authorisation. Care records contained copies of the applications sent.

Staff had a good understanding of the principles of the MCA. They knew to assume a person had capacity to

make a decision unless proven otherwise. During our visit we continually saw staff check with people they consented to the actions the staff member was proposing. For example, "You look a bit tired, would you like to go and lie on your bed for a little while." We saw a member of staff start to open the window of a communal room and asked if people minded. One person said they did, and the staff member immediately shut the window again.

A member of staff told us, "When asking for consent if I don't think someone understands me I will ask in different ways, using symbols, gestures or objects to help them understand." A relative told us that whilst staff re-assured them they tried to provide personal care to their loved one, the person often declined this care and this sometimes meant they looked unkempt as staff would not force them to have personal care such as washing their hair.

People and relatives told us they liked the food provided. One person told us, "I think they feed us too much, they food is good and there is plenty of choice." Another said, "Sometimes we have a glass of white wine with lunch, it's very nice."

One relative said, "My relative was a cook and has never complained about the food so it must be good. They have lots of fruit and it seems to be quite a varied diet." Another said, "The food always looks excellent, our relative has become quite a fussy eater. If they don't want what's being offered they have options like jacket potato and lots of sandwich flavours." A third relative told us they had informed staff their relation liked paste and salmon sandwiches and these had been added to the menu.

We saw lunch provided to people. On the day of our visit, people were having a roast dinner. We were told because most people preferred a roast dinner there was not a second option available unless people had previously told staff they did not like them.

We saw most people enjoyed their meal, and those who had previously expressed a preference were given a different option. For example a person's care record identified they did not like pork. They were given salmon instead, and the person told us it was very nice. However one person said they did not want the pork but was told there was no other choice.

The registered manager and staff informed us that most days there was a choice of menu, and the meals were put on plates for people to choose at the time of serving. This was because people with dementia might not remember what a dish was called, and so it was easier for them to make a choice when they could see and smell the food in front of them.

During the day people were encouraged to drink hot and cold drinks. The kitchenette within each communal lounge area meant staff could respond quickly to people's requests for drinks.

Relatives told us staff were proactive in making sure people had sufficient hydration. One relative said, "They prompt my relative to drink fluids as they have had some infections in the past." Another told us that prior to coming to Herald Lodge, their relation had been in hospital with dehydration. They explained that staff at Herald Lodge always made sure there was a drink nearby and the care workers continually prompted their relative to drink to make sure this did not happen again.

At the time of our visit there was nobody on 'specialised' diets, however the home monitored people's weight and eating so that if there were any identified risks, these were promptly referred to the GP or appropriate healthcare professional for further investigation.

People had access to healthcare when needed. A person told us, "I see the GP, chiropodist, optician, hairdresser whenever I need to see them. They all come here to me."

The majority of people who lived at the home were patients of the local GP surgery. The GP from this surgery came to the home every Tuesday to support people with their healthcare needs. The GP informed us staff worked well with them to support the health of people who lived in the home.

On the day of our visit a district nurse attended to people who lived at Herald Lodge, and care records demonstrated a range of other healthcare professionals including opticians and podiatrists attended the home when required. The podiatrist told us they had good communication with staff. A relative told us their relation fell during the previous week, and they were seen by the district nurse to check they were okay.

Is the service caring?

Our findings

Since our last visit, where people received a 'good' service by caring staff, we have seen further improvements in the care provided by staff. Caring is moving towards being outstanding.

Relatives we spoke with gave glowing feedback about the care provided by staff. One relative told us their relation did not want to go into a care home but now 'loved it'. They went on to tell us they were very impressed with the home and would rate it 100%. They said staff were very, very nice and nothing was too much trouble. Another said, "I would like to say all of the carers, the nurses and all the staff are absolute angels." A person told us, "The carers are very good, they are kind; we have quite a laugh sometimes."

Visitors and professionals we spoke with told us that staff were very caring towards people who lived at the home. The hairdresser who worked in various care homes, and worked at the home twice a week told us, "This is the best I've worked in. Nothing ever seems too much trouble from the staff. I see staff re-assure people with their insecurities, they seem to have endless patience. I would score this home as a 10 out of 10."

The podiatrist who visited different care homes said, "I'm very impressed...the residents seem genuinely happy...I see it quite often where staff give that little bit of extra attention. If I ever had to recommend a home, this is the one which comes to mind."

A GP who regularly visited the home to see their patients told us they felt Herald Lodge was an excellent care home. They said they were always impressed at how well people were looked after, and staff always treated people with dignity and respect.

During our SOFI, we saw and heard staff being very helpful and considerate to people. For example, they said to one person, "Shall we put your slippers on so your feet don't get cold." The same person was showing signs of being upset. The care worker put their arms around them, stayed with them and gave the person re-assurance. Throughout this focused observation we saw staff cared for all the people who were in the room and were attentive to people's needs. For example, one person said they needed the toilet. Immediately the member of staff asked another to get the person's wheelchair so they could be supported to use the toilet.

During another time in a communal lounge, we saw one person asleep on a sofa. A member of staff gently woke them and offered lunch. The person declined and the member of staff brought a blanket to cover the person to prevent them from getting cold.

Staff made sure people who lived at the home knew they mattered. A member of staff told us as soon as someone entered the door to the home they wanted to make sure they felt at home. They told us nothing should be too much trouble for staff, and staff should go the extra mile. A relative told us when they first visited the home to see whether they wanted their loved one to stay, the member of staff who showed them around noticed a person was struggling with their mobilator (a frame on wheels). The member of staff

immediately stopped what they were doing with them, and went to support the person. The relative told us, "Residents come first."

A different relation told us, "Another relative of ours was also in here, they died in here, the staff were all so kind, they showed them real love towards the end, they used to sit with them and they used to have quite a laugh. When that relative died they were so supportive of my other relative, they were able to get to the funeral and two carers went with them." They went on to tell us they felt it was a real family atmosphere in the home. They said care workers came in to the home on their days off to sit and chat with people, and other visitors to the home got to know people who lived there and spent time talking to them as well as their own loved ones.

Staff knew the personal histories of people and their preferences. A person told us, "They know me very well." A relative explained, "The whole family came and were all involved with my relative's care plan." Another said, "There are regular updates to my relative's changes in need and we were involved in the care plan." A third told us, "We were involved with their care planning and there has been a review about a month ago. I know the care plan is available if I wanted to see it at any time. I have recently been involved with the DoLS application." This helped staff to gain knowledge of the person.

During the time we spent engaging with people in the communal area we saw staff talk to people about their past lives. For example, we heard staff talk about a person's love of gardening, and another's photography. The registered manager told us the home had a competition at Christmas with other homes in the provider group. The competition was for the best mince pies. The cook spoke with one of the people who lived at the home to get their 'secret recipe' for pastry. The person gave the cook the secret recipe on the basis it would stay a secret, and the home won the competition.

Throughout our inspection visit we heard staff being supportive and kind to, and about the people who lived at the home. A person told us, "The carers are always very polite and respectful." They went on to say, "They are helpful and very kind, never rude or bad tempered. They know my likes and dislikes and know when to leave me alone."

Staff really knew the people who lived at the home and treated them with real kindness and consideration. The kindness shown by staff was valued by people. On two occasions we heard people tell staff they loved them. They also knew how to ensure people's dignity was maintained.

For example, in one of the communal living rooms we saw a member of staff go up to a person and whisper in their ear. They then went out of the room with the person. Later, we asked the member of staff what they had whispered. They told us they knew the person needed support with personal care and through experience, they knew the person was more likely to accept help from them than other staff. They had whispered to them to ask if they could support them with their personal care so that no one overheard what was being said.

A relative told us of a previous visit. They said whilst they visited their relation they saw another person stood up ready to go for lunch. On standing, staff had noticed a very small wet patch on the person's clothing which indicated they might need personal care. Straight away they supported the person to go to their room to get changed so their dignity would be maintained. They told us this was just one example of the attention to detail given by staff. Another relative told us, "My relative is always clean and well-dressed it was always important to them as was their hair and their nails, both of which they would be very pleased with."

Staff told us they 'loved' working at Herald Lodge. One member of staff said it was a "Pleasure to come to work at Herald Lodge," another told us, "All the residents are like a big family, it's a lovely place to come to work." Staff told us they treated people at the home the way they would like themselves or their loved ones to be treated. A regular visitor to the service told us, "All the care staff are here because they want to be here. They all seem very happy."

Friends and relatives were able to visit the home at any time during the day and evening. During our inspection visit there were many visitors to the home and we saw all were made welcome. A relative told us, "Friendly carers are always welcoming to visitors offering drinks."

In the corridors of the building, notice boards informed people, staff and visitors of the importance of dignity in care. It informed people which staff were the 'dignity champions' and what dignity meant to people. The notice boards had information from the Social Care Institute for Excellence (SCIE) about what people should expect to support them with dignity and with their dementia care. The registered manager said this was information for people and relatives about what they should expect from care staff; but also a reminder to staff about the values and expectations they had about care provided.

Is the service responsive?

Our findings

At our last inspection the home was rated as 'good' in their responsiveness towards people. Since our last inspection their responsiveness had improved further. Whilst the rating remains 'good' the provider and registered manager was working hard to move towards outstanding provision.

A relative told us their relation's dementia had progressed since the person had arrived at the home, and the person's behaviour had become more challenging. They told us, "The home has been really superb, they've not only been brilliant with mum but with the whole family in helping them." They told us that not only was "nothing too much trouble" but if a family member was struggling to deal with the changes in their relation, the staff and management would take care of them too.

Staff had spent time with people and their families to get to know the person, and this information was recorded in people's care plans. Each person had a 'life history' with information about the person. There was also information about a person's likes and dislikes. A relative told us, "They know all the patients, they have a detailed knowledge...it is a little gem of a home."

A member of staff said, "It is a beautiful home, we get to know the residents inside out, talking to them, talking to their family, and getting to know what they did, what they like and dislike."

The care plans did not provide as detailed information from a person centred perspective as was demonstrated by staff knowledge on the day of our visit. However, the registered manager was aware of this and was in the process of re-writing care plans. They also showed us 'At a glance' information which they had scheduled to introduce to staff in the two weeks subsequent to the inspection visit. This was a format which would give staff all the most important information 'at a glance' to help them with people's care. Relatives were involved in care reviews, but as was highlighted in a previous report, the home had not yet adapted the process to maximise the involvement of people with dementia in the process. We discussed with the manager how they might make the process more inclusive.

The provider had further adapted the home to enhance the experiences of people who lived at Herald Lodge and to make it more dementia friendly. One of the lounges on the ground floor had been made into a cinema room. This room was used for people to watch films on a large screen, but was also used to screen sporting events such as Wimbledon, and events such as the Chelsea flower show. On the day of our visit, the room had been turned into a party room because a person was celebrating their birthday and their family were having a party to celebrate. Recently the room had been used to screen a day out in Skegness, to provide people with an opportunity to reminisce about holidays there and to see images of Skegness on the large screen.

Two of the other smaller lounges had also been redecorated. One was recreated to be a living room reminiscent of the 1940s; and the other was described as a 'forest' room. This had a woodland mural and sounds of bird song played. A person told us they found it relaxing. We saw both rooms being used by people. In the corridors a train station had been re-created at the end of one corridor, and a bus stop at the

end of the other, with seating for people to sit at the train or bus stop. The communal bathrooms had been redecorated to provide a more homely experience for people. Previously the bathrooms were more functional and clinical in their appearance. This time there were murals on the wall, and decorated to be a warm and enjoyable experience where people could enjoy their time in the bath or shower.

The provider had used research to make sure there was appropriate signage in the home, and used colour to help people with dementia recognise and see equipment. For example, grab rails and toilet seats in the bathroom were blue to help people to see them.

The garden was not used as much as it could be to support people with activities or their day to day life. A relative told us, "I would like to see something done with the garden; they could do with employing a full time gardener and making an outside area more user friendly." The registered manager acknowledged this and told us there were plans to improve the garden for people who lived in the home in the near future.

People were able to watch TV in their own rooms and in the smaller rooms or in the cinema room; however TV was discouraged unless it was for a particular purpose in the communal lounges. This was because people who lived with dementia were generally more settled and happy with activities and music being played. Throughout the day we saw people engaged in different activities. One person was seen enjoying using building blocks to construct, another couple of people enjoyed drawing. We saw a member of staff talk to a person who was drawing. They knew the person was artistic and had previously been a photographer. We heard them talk to the person about their photos.

We saw people enjoy listening to music. The music reflected the different ages of people. Some was from the 1940s and some was from the 1960s. One person told us, "I enjoy the exercises. I like Tom Jones, Elvis and the Beatles music." A relative felt there was at times too much emphasis on music from the Second World War, and wondered whether this might be distressing to some. At the time of our visit we did not see anyone being distressed by this.

People's bedrooms were clean and people were encouraged to decorate them to suit their needs. One relative told us their relation used to like to go into another person's room because they could see the garden and the wildlife in the garden. When the room became free, the person was asked if they would like to change rooms. This they did, were now happy because they could look out and see the wildlife when they wanted.

People were seen either reading newspapers, or if they could not do this themselves, we saw staff reading the newspaper out to them and using this as a starting point for reminiscence.

On the day of our visit there were three planned activities which the majority of people took part in. Two people came to the home to support people with fitness activities. On both occasions we saw people really enjoying the experience, smiling and laughing as the activity took place. In the afternoon a harpist came to the home and people enjoyed a cheese and wine (alcoholic and non-alcoholic) afternoon listening to the music played on the harp.

The home had a 'social committee.' This was chaired by the activity co-ordinator who listened and worked on the ideas of people who lived in the home, bringing to life their activity requests. This meant in the last few months trips to Coventry market, Fillongley beach, and a canal trip had taken place. A relative told us, "They have had animals come in and visit and a dog. They have singers, trips out and today there is a cheese and wine event. My relative is getting 100% more interaction, activities than they were getting when they were at home which is great."

The home also had a 'coffee shop' area. Because many people were unable to go out to restaurants, they had started to use this area to recreate a restaurant experience. The last one had been an American restaurant, and an entertainer had been booked to enhance the theme.

We looked at how the service promoted equality and diversity. At the time of our visit all people who lived at the home were white British and identified as heterosexual. The registered manager told us they were responsive to all people who came to the home, and would support their individual cultural, religious, gender and sexuality needs. One relative told us their loved one had started a relationship with another person in the home. They told us staff checked the relationship was consensual, and their loved one seemed happier since this had developed.

We asked the registered manager how they supported people from the LGBT community (Lesbian, gay, bisexual and transgender). They said they had staff who worked in the home who had same sex relationships. They told us two staff who had a same sex relationship had recently married each other, and had brought their wedding photos in to show people who lived in the home. This had prompted a discussion with people who lived at Herald Lodge. The registered manager acknowledged their website and information about the service did not reflect their inclusivity. They said they would discuss this with the provider and staff to look at ways older people in same sex relationships would know they would be welcomed into the home.

The registered manager listened to the views and opinions of people, staff and relatives. A relative told us, "We do get regular questionnaires and they do inform us of improvement when they make them." One relative had responded to a questionnaire saying they would like to know more in advance of the planned activities available to people. In response to this, they had got the email addresses of relatives and emailed the activity plans to them. In each of the bedrooms the programme of weekly activities available was framed so visitors could see what options were available for the week.

There had been some complaints raised since our last inspection visit. We found the registered manager had taken all complaints seriously and responded to both verbal and written complaints in line with the provider's complaint policy and procedure.

One of the deputy managers told us they encouraged people and relatives to raise concerns. They embraced an open culture where people could speak without repercussions, and told us the management team walked around and completed spot checks every day; this helped to identify if there were any concerns with care for people living with dementia who could not raise their own concerns.

Is the service well-led?

Our findings

The home was rated good at our last inspection. Since then, the previous registered manager left the service due to ill health. The 'front of house' manager at Herald Lodge had undertaken the provider's in-house manager training and was recruited to the vacant position. They became the registered manager of the service in February 2017. 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. They and the provider had worked hard to build on the work undertaken by the previous registered manager.

We received very positive feedback about the management of the home. One relative told us, "[The registered manager] and the rest of the team are lovely we get on with all of them. They are very approachable and will bend over backwards to help if needed," another said, "The manager seems really good, the home seems to be improving all the time." A third told us they would feel able to speak with the deputy manager, "If we were unhappy or there was a problem or question I would speak to [deputy manager] first. The management team are all very helpful and approachable."

The leadership group within Herald Lodge had a good understanding of their roles and responsibilities. For example, each member of staff received where possible, monthly supervision as this responsibility was shared out between the leadership team.

The registered manager was passionate about providing good quality care to people. Her passion was shared by the senior team and staff who worked at the home. All the staff were enthusiastic in their desire to provide the best quality of care to people. They told us they enjoyed coming to work at the home. One staff member said of the registered manager, "She is very good, very honest; you can go to her about anything." Another member of staff said, "I am very supported, there is nothing that I've asked for that I've been told 'no' to. It is the best company I've worked for. I've never worked for a company where the residents come first and the staff come a very close second. The provider does a summer party each year to thank staff for the roles they do."

The registered manager operated an 'open door' policy where people, relatives or staff could go to them at any time to talk about any issues or concerns. They told us they often sat with their laptop in the reception area of the home so they were more visible to relatives rather than being behind closed doors in the office. We saw they were involved in the day to day operations of the home and spent time supporting staff with activities during the day. A member of staff told us, "[The registered manager] doesn't like to sit in the offices. She comes in and goes around the home she chats with people and staff, makes sure everyone is okay. She knows people very well, spends time with each person and gets feedback about if there is anything they aren't happy about. She is part of the team and is very supportive."

Staff also received more formal support through team meetings. All staff groups met with the registered manager to discuss the running of the home, areas of concern and areas for improvement. We looked at the

meetings minutes and saw the emphasis placed on quality of care and making sure people received a good service.

The registered manager was supported by a regional manager who visited each month and undertook their own internal inspection of the home. Any actions identified had an action plan to ensure improvements were carried out in a timely way. They colour coded the inspections with a colour code of green, meaning the home had met their quality standards, amber meaning improvements were necessary, and red which demonstrated the quality was poor. The provider had previously found improvements were necessary, but had recently colour coded Herald Lodge as 'Green'. This was reflective of what we saw during the inspection visit.

To help with their quality assurance processes, the provider expected the registered manager and her team to carry out a range of checks on different aspects of service delivery. These included medicine checks, care plan checks, and analysis of accidents and incidents. We found these had been carried out, and where necessary action had been taken to improve.

The registered manager understood their legal responsibilities to notify us of incidents which affected the health and well-being of people who lived at the home. The provider also had a legal duty to publicise their inspection rating both in a visible area within the home, and on the provider's website. We found the previous report was in a visible area to people who lived in, and visited the home, but the provider's website made no reference to the rating of Herald Lodge or any other home in their group of homes. The registered manager was not aware of this legal responsibility but said they would make sure they complied with the regulation. We later saw this had been addressed and the rating for Herald Lodge was displayed on the provider's website.