Barchester Healthcare Homes Limited

Hethersett Hall

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?	Outstanding

Summary of findings

Overall summary

The inspection took place on 9 January 2017 and was unannounced. The service provided accommodation for up to 70 people who require nursing or personal care. There were 60 people living in the home when we inspected, some living with dementia.

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. There was a registered manager who had been in post since June 2015.

The home was safe, and staff had relevant training in keeping people safe from harm. The environment was kept safe and risks relating to individuals were thoroughly assessed and mitigated. Staff safely supported people to take their medicines, and there were enough staff to meet people's needs. Staff were recruited in a safe way.

People received care from well-trained staff who were confident and competent in their roles. The organisation supported staff to undergo training and supervisions to improve their practice. Staff knew about people's capacity to make decisions and had received relevant training in this area.

People had a wide choice of what to eat and drink and staff supported people to have their meals in a way that suited them. People were supported to eat and drink enough. Staff sought consent from people when delivering care, and adapted their communication effectively with people, empowering them to make choices.

Staff were compassionate and kind towards people and there was a good atmosphere in the home. People were supported to follow their interests, enjoy visiting entertainment and go out when they had the opportunity.

People had records in place relating to their care, and these were tailored to each person. Where appropriate, family members were consulted about people's care along with the person and staff. The care records contained specific guidance for staff on people's support needs, and staff knew people well.

There were effective systems in place for gaining feedback from people, and concerns or complaints were responded to appropriately, sensitively, and in a timely manner. People were encouraged to give feedback both to individual members of staff as well as in meetings, and the registered manager was proactive in making improvements based on feedback.

There were thorough auditing systems in place to monitor, analyse and improve the service provided. Where incidents and accidents had occurred, these were analysed in an innovative way and used as learning opportunities for improvement.

There was a positive, open and honest relationship between staff and the registered manager in the home, and any errors were used for learning.

Staff worked very well as a team, sharing values of delivering high quality care, and they were extremely complimentary about the registered manager. There was high staff morale and they took pride in their roles. The home had a strong presence within the local community, maintaining links and hosting various events for the community throughout the year

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.

Staff had awareness of keeping people safe from harm.

Risk assessments were in place to cover specific risks to individuals, and they included guidance from staff which they followed to mitigate risks.

The environment people lived in was safe, and staff supported people safely to take their medicines.

There were enough staff to meet people's needs and they were deployed in a way that kept people safe.

Is the service effective?

Good

The service was effective.

Staff received training relevant to their roles. New staff undertook comprehensive inductions and were supported to learn through supervision.

People were supported to eat a wide range of nutritious meals and drink enough.

People accessed healthcare when they needed it, in a timely manner.

Is the service caring?

Good

The service was caring.

Staff had a kind, compassionate approach to people. They adapted their communication effectively so people could be empowered to interact effectively.

Staff respected people's privacy and dignity and encouraged independence.

People's family relationships were respected and encouraged.

Is the service responsive?

Good

The service was responsive.

People were supported to follow their interests and asked for feedback about their care.

There were comprehensive plans in place detailing all aspects of people's care, and staff regularly reviewed these to ensure they were current.

Complaints and concerns were responded to appropriately and in a timely manner.

Is the service well-led?

Outstanding ☆

The service was extremely well-led.

There was outstanding leadership in place. Audits were thorough, inventive and effective in identifying areas for improvement. The service and the staff were constantly striving to improve.

There were rewarding incentives for staff, who had a positive team culture of support and good morale. There was accountability at all levels and staff understood their responsibilities.

The service actively encouraged feedback, and learned from incidents. The service consistently engaged with their local community.

Hethersett Hall

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 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. This was an unannounced inspection.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Prior to the inspection, the provider also 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.

During the inspection, we spoke with five people living in the home and four regular visitors. We spoke with ten members of staff in the home. The staff we spoke with included the registered manager who had been in post for eighteen months, the deputy manager, two senior care workers, the cook, the activities coordinator and four care assistants. We also made observations throughout our inspection or how support was delivered to people.

We looked at care records and risk assessments for four people who lived at the home and checked fifteen medicine administration records. We reviewed a sample of other risk assessments and health and safety records. We looked at staff training records and reviewed information on how the quality of the service was monitored and managed. We also asked for additional information following the inspection visit, which was supplied promptly.

Good

Is the service safe?

Our findings

People said they were safe living in the home. One person we spoke with said, "There is a lock on my door but I don't feel the need to use it." Another told us, "I feel safe and like living here". Visitors we spoke with told us they felt their relative was very safe at Hethersett Hall, and one said, "I have confidence in the staff and there are certainly no worries about [relative's] medication." The staff we spoke with were aware of any different types of abuse which could happen and how they would report any concerns. They had also received relevant training in safeguarding.

There were detailed comprehensive risk assessments in place which covered individual's requirements and gave staff guidance on how to mitigate risks. An example of this was that there were detailed risk assessments in place for people who were at risk of falling. The risk assessments for falls included relevant information about people's state of mind, their sight, and their balance amongst other aspects which may affect their risk of falling. We saw that action had been taken to further mitigate these risks when people fell, and the risk assessments and care plans associated with these events had been updated as needed.

Other risks assessments included the safe use of bed rails and risks associated with people's preferences, for example supporting people safely to spend time outside if they wanted to, or to go out. Other risks related to people's health such as choking, diabetes or dementia were documented with comprehensive guidance for staff.

Risks assessments were also in place for people who were deemed to be at risk of developing a pressure area. Where needed, there was equipment in place for pressure care, for example airflow mattresses or pressure relieving cushions. A visiting healthcare professional did say that there had been times when people were not sitting on their pressure cushions when they arrived. The registered manager explained how they had improved ways of ensuring people sat on their prescribed pressure cushions by labelling them, as they had found previously that there had been times where pressure cushions had been mislaid. During our visit we saw that where prescribed, people were supported to use their pressure relieving equipment appropriately. Where people were cared for in bed and required assistance to change position, we saw that staff recorded in detail when they carried this out. We were satisfied that staff followed processes to ensure that people were protected from risks associated with developing pressure areas.

We checked other records in relation to the safety of the home. These included fire safety, electrical and gas safety tests as well as water safety including legionella. There were systems in place such as regular fire drills and personal evacuation plans for each person (PEEPs). We also checked that lifting equipment such as the lift and hoists were safe to use and found that these had been maintained in line with the manufacturer's instructions.

There were enough staff to meet people's needs. Staff told us they met people's needs in a timely way and this was reflected by relatives we spoke with. Where there was staff absence, the existing staff were able to cover shifts or the registered manager covered them on occasion. The registered manager showed us the dependency tool they used which calculated the hours needed to be covered according to people's needs,

guiding how many staff they provided. We saw that the number of staff provided exceeded the decision reached using the tool alone. Staff were deployed across areas of the home in response to identified areas of risk. For example, staff supervised the lounge within the dementia unit as they had found that this lowered the risk of falls or altercations.

Staff were recruited with checks in place including criminal record checks, past employment history and references. This meant they were deemed suitable to work with people before they started work, which contributed to people's safety.

People received their medicines as they had been prescribed by staff who were trained to administer them. The medicines were stored securely at a safe temperature. We saw that each person's records had a photograph and details of how they received their medicines along with allergies. This helped to minimise any risk that people could be given the wrong medicines. Staff had signed for medicines when they were given, however we did find that two medicines had been missed on one day and this had not yet been found and reported. The deputy manager completed their investigation into this on the day of our visit and put in place an extra supervision for the staff member. We found that in previous audits of medicines that missed signatures or any errors had previously been picked up and action taken, and all other medicines we looked at had been given according to their prescriptions.

Where people were receiving medicines covertly (hidden in food or drink), the correct processes had been used to ensure these were given safely. Some people living in the home preferred to take their own medicines, and this was risk assessed and managed appropriately. We saw that where care staff administered topical creams and medicines to people's skin, these were recorded in a comprehensive manner. This contributed to the safety and accuracy of application of these medicines.

We found that the medicines which were associated with higher risks were counted regularly and the correct amount was in stock. We checked a sample of these and found the correct amount. There were specific protocols in place for 'as required' (PRN) medicines which gave guidance to staff on when these should be offered to the person. These were also recorded separately, which meant that staff knew exactly what time they had been given, therefore reducing risk of overdose. Where people received medicines where the dosage was changed regularly, there were comprehensive records of this.

Good

Is the service effective?

Our findings

People received care from staff who were competent in their roles. We spoke with one member of staff who was new to being a care worker in the home, and they told us about their induction. This had included various training opportunities and shadowing a more experienced member of staff. They said they had found the team highly supportive and had only worked alone when they felt confident to do so. Without exception, all of the staff we spoke with said there was good morale and they worked well as a team.

The training provided to staff included first aid, dementia, diabetes, food hygiene and moving and handling. Staff explained how the training had helped them better understand people living with dementia and were able to explain examples of caring for people who may be confused and disorientated. Staff also told us they enjoyed the practical training, such as moving and handling as they were shown how to use the equipment properly and this made it easier to remember. We saw that there was a comprehensive training plan in place to improve attendance of staff training in some areas. Therefore where training was overdue, there was a plan for those staff to complete it. New staff were also supported to undertake the care certificate, which is a recognised qualification covering a set of expected standards in care. The registered manager had recently introduced 'champions' covering areas such as nutrition and dementia, and was working on further developing these roles within the staff teams.

All of the staff we spoke with said they received supervisions, which were conversations with a senior member of staff and enabled discussion of any training needs, progress or issues. They also said they had informal chats with senior staff or the registered manager if they needed any support. The registered manager also carried out themed supervisions in a staff group. An example of this was that they had discussed falls and shared ideas about preventing falls and discussed risks associated with falling. This had successfully contributed to a reduction in the number of falls people had in the home. This meant that the discussion could focus on an important topic and ensure that staff were aware of best practices in a given area.

People had a wide range of meals to choose from and staff supported them to maintain a healthy, balanced diet. One visitor told us, "My [relative] is very fussy, for example about food, they are offered alternatives." The chef explained how they fortified meals for those who were at risk of losing weight, and they had a flexible approach to meals, making something else for anybody who did not like what they were offered on the menu. There were two choices every mealtime as well as a supplementary menu which people could choose off in addition to the two main choices, plus a choice of two starters and a wide range of desserts at lunch. The kitchen staff supported people with any dietary requirements such as diabetic or vegetarian diets. We saw that the food looked appealing and heard people comment that the food was nice and warm, served on hot plates. Where people required equipment, for example a tabard or a plate guard, staff supplied these.

The registered manager explained how people with pureed diets were encouraged to choose what to eat by tasting the food rather than solely visually choosing. This also helped when people were unable to communicate their requests. They said this had resulted in people eating more food and gaining weight

when they needed to. Staff used a flexible approach to ensure that people were encouraged to eat. For example, one person living with dementia was supported to walk around during meals, with staff supporting them to eat as they walked around. Staff also placed snacks where the person would find them and eat them, thus putting on weight and lowering their risk of not eating enough.

We observed that mealtimes were sociable and staff offered choices when people sat down at the table, and there was a selection of drinks available including alcoholic beverages. For people living with dementia, staff encouraged them to choose. Where people were deemed to be at risk of not eating or drinking enough, staff recorded intake and when needed, contacted the necessary healthcare professionals for advice. People were weighed regularly so that staff could see if they were maintaining a healthy weight.

People were regularly offered drinks by staff and drinks were available to them in their rooms, thus decreasing risks associated with not drinking enough. Where people were deemed to be at risk, we looked at the records of their fluid intake. There was a recorded target intake, and it was clear that staff encouraged people to drink enough as most people reached this target daily.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working in line with the MCA.

We saw that staff sought consent from people before delivering care, and staff explained how they worked with people with fluctuating capacity. The staff had received training in the MCA, and were able to explain the main principles of the MCA to us. We looked at records of decisions made in people's best interests and found that families and where needed, relevant healthcare professionals were involved. The registered manager had applied for DoLS authorisations for several people living in the home, and whilst awaiting authorisation they had ensured that people were only deprived of their liberty using the least restrictive approaches.

Staff referred to healthcare professionals when people needed it, and there were regular visits from GPs, chiropodists, district nurses and the dementia teams. Staff we spoke with gave examples of involved healthcare professionals when needed, for example dieticians, when people were at risk of weight loss. Two healthcare professionals told us that staff always followed any recommendations. We saw in people' records that healthcare professionals were contacted in a timely manner.

Good

Is the service caring?

Our findings

People told us that staff were extremely caring in their approach. For example, one person told us about a thoughtful Christmas present staff had got for them, "At Christmas we are all given an individual present which the activities co-ordinator organises. The staff knew I liked my earrings and [activities coordinator] had bought me a really nice stand to hang them on, they really are very thoughtful and kind."

One person told us, "You feel you're accepted as a person, called by your Christian name and know their Christian names, it's a friendly place." We saw that staff used terms of endearment appropriately with people. It was clear that the staff were attentive and knew people well, and called people by their preferred names. All of the staff we spoke with told us they found their roles very rewarding, and that they changed people's lives. The activities coordinator said, "I know how much difference we make to people." One person said that the maintenance staff had bought them and fitted a special light in their room in response to deteriorating eyesight. This had meant that the person was able to continue doing their needlework which they had always enjoyed. They told us this had meant a lot to them.

A visitor told us, "Staff are always polite and caring." A visiting relative shared an example with us of the caring approach of staff, "I cannot fault the care here. My [relative] recently had a fall during the day and broke their leg quite badly. The [registered manager] rang me immediately, asked me if I could come in and let me know that the paramedics were on their way. [Registered Manager] stayed with us throughout, knowing it was serious but was both calm and reassuring." Another visitor explained to us how staff had supported their relative when their mobility deteriorated due to ill health. They said, "They moved [relative] to a room on the ground floor near her friend so they can be close, that's very thoughtful." A visiting healthcare professional stated that they found the staff very caring towards people.

Staff we spoke with were passionate, sharing values of delivering high quality care that was kind and compassionate. Staff gave examples of going beyond their duty to care for people, such as visiting them in hospital. The registered manager gave us an example of when they had walked a few miles with one person, who was living with dementia, to a nearby town, and back, because the person expressed a wish to 'go home'. They explained that they had obtained a dog for some people who expressed that they would like more physical activity outdoors, and staff walked with them regularly. This was something previously important to one person, and greatly enhanced their quality of life, including aiding one person to sleep better without medication after long walks in the grounds of the home. The registered manager also explained how this helped people with lowering levels of distress and feeling 'cooped up'. We also saw records detailing these events.

We saw caring interactions taking place between staff and people, and staff engaged people in conversations when they had the opportunity. The staff communicated well with people living with dementia, and those who could display behaviour which some may find challenging. When people became distressed, the staff adapted their communication well to reassure and calm them. The registered manager told us that staff used flash cards to aid some people's communication and empower people to make choices. We also observed during our visit that staff always got down to people's eye level to communicate

with them, which aided effective communication.

People told us that staff knocked on their door before entering the room, and respected their privacy. Two healthcare professionals we spoke with told us that staff always ensured that people were offered a private space in which to carry out their treatments. Where staff referred to anything personal or gave any medicines in communal areas, this was carried out discreetly.

A visitor we spoke with confirmed that they were involved in the reviews of their family member's care. A relative we spoke with also confirmed that staff immediately informed the family if there was an incident or accident concerning their relative, and this reassured them. Another relative we spoke with confirmed that staff consulted them about their relative's care, asking if they felt that any changes were needed. They said they were involved in regular reviews of the care plans. We saw a discussion taking place between staff and relatives about how best to support one person with equipment. We were satisfied that staff made efforts to involve families in care planning to ensure their needs were met.

We saw that staff encouraged people to be as independent as possible, for example promoting people to eat by themselves and offering support when needed. The registered manager told us that all staff in the home had attended the same training, and this helped them to include people in their roles. For example, domestic staff were able to support people living with a dementia to hoover their own bedrooms where possible.

People were encouraged to keep in regular contact with their loved ones and staff encouraged this by openly welcoming visitors. All the visitors we spoke with said they could come when they wanted and staff were always welcoming. They also invited people's relatives for meals when appropriate so people were able to have a family meal.

Good

Is the service responsive?

Our findings

Staff were flexible in their approach to ensuring people received care that was responsive to their personal needs. One person confirmed, "I get up when I want. I have a cup of tea in bed first though." For example, we observed that people ate their meals at times that suited them, if they wanted a late breakfast or lunch this was available. We saw that people's choices were respected, such as if they preferred to have a female carer this was adhered to. Another person told us they could choose when they wanted a bath or shower and staff were available to support them with this. Staff told us that although at times it was difficult to fit in, they did their best to meet everyone's preferences with regards to what time they required personal care. One member of staff said, "We're very person-centred."

There was a detailed pre-assessment process where the registered manager asked people and their families about their needs prior to them coming into the home. We saw that where people's needs changed, staff responded quickly, whether by getting in required equipment such as a walking frame or reassessing the dependency tool and staffing levels if needed. We saw that care plans were detailed with each area of the person's life, covering social and emotional needs, physical health and support needs and preferences and dislikes. We did find however, that in some instances information was duplicated which could create a risk that information may be overlooked. We discussed this with the registered manager and they said they would investigate this to make all care plans more concise where possible. We found that people's allergies were well-documented, and care plans were in place to avoid risks of giving people things they were allergic to, such as foods.

Families were involved in decisions about people's care when appropriate, and we saw staff discussing how best to help one person living with dementia with the person and their family. We observed how they came to a resolution by suggesting and supplying some equipment that would help the person with their orientation. The home had a process where staff would check one person's care records specifically, and this 'day' would be rotated around everybody so that they had one day where their care plan would be reviewed and the staff would talk with the person and/or their family to ensure all areas of the person's needs were being met. We looked at the records around this and saw that the care records had been regularly reviewed and updated with any changes, and discussions had taken place around people's care, with families.

There was an activities coordinator working full time in the home, who we spoke with. They told us how they talked to people to get to know their interests and preferences. One person told us about how the maintenance staff had helped the family install more lighting in their room so that they could keep up with their hobby of embroidery. There were activities in the home such as pampering, music, crafts and games which people enjoyed, as well as outings. These included visiting the zoo in the summer and going out to garden centres. The activities coordinator said they discussed preferences and suggestions with people living in the home regularly. People were also supported with religious requirements as they were supported to visit the church on some occasions, and received Holy Communion on their request within the home every two weeks.

The home had visiting entertainment such as singers on occasion, and held functions. An example of this was a large fireworks gathering which was well attended by the local community and families as well as the people in the home in November. Other local care providers also brought people they cared for to this event. Additional events planned shortly after our visit were Burn's night, a quiz night, celebration of the Chinese new year, a pizza making evening and a film night. They also had other events such as an open day in the summer. We saw that any suggestions for events, outings and activities were made at meetings for people living in the home and wherever possible, these were added to the calendar.

One person living in the home was supported to keep their car there and go out when they wanted. Staff had ensured the relevant risk assessments were in place and had regular discussions with the person around these.

One area of planned improvement which the registered manager showed us following our visit was to develop memory books in addition to people's care records, which people will keep in their rooms. The idea of this will be to further develop social and emotional care for people as well as facilitate staff getting to know people better and provide more interaction based on what people want.

The registered manager and staff responded to concerns in a timely way. One person gave us an example of when they raised a concern following change of staff in the kitchen, "Some of us felt the quality of the cooking was not as good so I said to [registered manager], "you need to try the food", and he said 'I'll come today', which he did." We also saw that this conversation had been recorded in the meeting for people living in the home, and had been since resolved.

Meetings for people living in the home were well-attended and provided an opportunity for people to discuss any concerns with the registered manager. One person explained. "[Registered manager] attends to answer any questions and to action requests where possible." We saw that where changes were suggested in these meetings, these were considered and fed back to the group. The people we spoke with confirmed that where requests made were not possible to meet, reasons were always explained to them and were acceptable and fair.

Other staff members told us they always asked people for their feedback with a view to improving their service, including the chef and the activities coordinator. It was also an important part of staff's role when reviewing people's care plans, to ask people and relatives for feedback about their care and we saw records of this.

The service had received some informal concerns which they had responded to appropriately, reaching resolution. Where the service had received a formal complaint, the registered manager investigated this and responded to it appropriately.

Outstanding ☆

Is the service well-led?

Our findings

We received consistently positive feedback about the leadership of the service. One person told us the home was, "Extremely well run", and this was reflected by the visitors we spoke with, one telling us, "They're [Staff] absolutely brilliant here." The people we spoke with all knew who the registered manager was and said they were always approachable and helpful, one person saying, "I can talk to a member of staff in the office just along the corridor or [registered manager], everyone is helpful and friendly here." The registered manager was highly visible within the home and worked regularly with staff in delivering care. It was clear from our observations that the registered manager communicated well with people and had a thorough awareness of people's needs. We observed that the registered manager chatted with people and shared jokes with them and knew them well.

There was excellent leadership in place, with a positive, open culture, where the registered manager listened to staff concerns and ideas. An example of this was that one member of staff told us they regularly raised new ideas about activities to the registered manager and found they were always encouraging and aimed to facilitate these ideas. Without exception, the staff we spoke with said they felt well-supported at work and felt proud of the team they worked with. One member of staff said the staff all, "Strive to do their best." One staff member told us how they were driven to learn more, and the registered manager had been supportive in promoting them. All of the staff we spoke with were complimentary about the registered manager. Staff felt well supported at work and were assured that any concerns they had would be taken seriously. The staff we spoke with knew how to report any poor practice, and were encouraged to raise concerns. They felt that the registered manager would respond to any concerns immediately. We saw that the registered manager carried out spot checks on staff, including during night shifts. They recorded what they found in detail, and took action if there were any concerns.

The organisation had a points system, where the registered manager rewarded staff with points which they were then able to use to spend on shop vouchers of their choosing. The registered manager told us they aimed to reward good practice using this system.

Staff shared values of delivering high quality care and promoting choice and were passionate about their roles. They were aware of their individual responsibilities to promote choice and welfare for people. For example, staff tried different approaches when working with people living with dementia in order to find out where people were most content, and this lessened their distress. They also made every effort to empower people to make choices, for example, by helping to orientate people and give them information to make choices at mealtimes. It was clear to us that the people living in the home were at the heart of the service staff provided. All staff spoke passionately about the individuals they cared for. We saw that each person was treated as an individual, for example, for one person who enjoyed spending time outside in all weathers, staff facilitated this and supported the person to have their drinks outside. People's past histories were taken into account so that staff could discuss these with them, for example for another person who served in WW2, this was recognised on remembrance day.

The provider sought to continually improve the service. For example, we saw that staff had meetings

regularly, and staff told us these were well-structured and productive. These were used as opportunities to encourage the staff team and discuss objectives and achievements as well as any concerns. Staff explained that the results of audits were discussed at staff meetings and actions that needed to be taken forward as a result of audits. Staff saw these as an opportunity to improve the service. Staff told us that any suggestions, outside of staff meetings were also taken on board by the registered manager and this helped to improve the service. This included suggestions for outings that people wanted to do.

The organisation endeavoured to gain people's feedback when they had the opportunity. Feedback from people living in the home was gained by meetings with them as well as one to one discussions with staff. Relative's feedback was also gained through questionnaires. There was an innovative system for gaining staff feedback, as well as feedback from people living in the home and relatives. There was a new application which staff could use on their mobile phones to enter data into a survey about the service. The registered manager told us that the initial uptake of this had been quite low but that most staff members now had this on their phones. The registered manager made efforts to gain additional feedback from staff at every opportunity, whether during supervisions, meetings or staff surveys. They had requested that staff write to them with any suggestions for improving the service. As a result of this, they had introduced an additional shift to cover the evening, resulting in a better quality of life for people. This was because staff requested additional cover to meet people's needs over bed times for this period of time.

The home had a strong presence within the local community and worked with external organisations to share ideas and keep up with best practice. The registered manager provided the minibus and a staff member to attend the local monthly dementia cafe so that they could include other members of the community as well we the people living at Hethersett Hall. This was held in the community hall and presented an opportunity for people to engage with others in the local community. The registered manager had also created an initiative at Christmas called, 'don't dine alone' inviting members of the local community to have their Christmas meal at Hethersett with the people there. This gave people the opportunity to engage with others meeting new people, and giving others in the local community the opportunity to socialise at Christmas. They also invited others in the community to various events throughout the year, which helped to strengthen their relationship with the local community.

The registered manager told us about some training they hosted for other providers in the area, which was well attended. This included training provided by NHS staff around 'winter pressures' and provided an opportunity to create links and share knowledge and best practice with other care providers. This contributed to improving services throughout the local area through promoting communication between services as well as delivering information about winter pressures and how these would affect local care homes.

There was a strong emphasis on making improvements to the service through reflective practice. A strong area where they had made improvements was in promoting people's safety. The registered manager had developed an innovative approach to mapping falls within the home in order to analyse and act upon the information. They had taken significant action in reducing falls through a comprehensive audit process. This included a map of the home which detailed any falls, and coded them as to whether any injuries had been sustained. It was also clear where there were any related hospital admissions and who had had the fall, including near misses and whether it had been witnessed. This enabled staff to see where the falls were occurring, who to and therefore further analyse areas where safety could be improved, for example by additional staff covering certain areas of the home where there had been a high prevalence of falls. We saw that the incidents of falls had reduced greatly since this had been implemented a few months ago. The results from the monthly analyses were discussed with staff in themed supervisions and used for learning. We saw that actions were taken directly from these discussions and analyses to improve incidences of falls.

This had included consideration of extra equipment for people, onward referrals, and redeployment of staff.

The registered manager had also introduced a method of using root cause analyses where anybody had sustained a pressure area or serious injury. We looked at several examples of these and found that they were used as a learning opportunity for staff and this helped to improve prevention and early interventions where risks were identified.

The registered manager and the staff were striving to improve the service through sharing resources and ideas. The activities coordinator told us they were a member of a specialist website specifically aimed at sharing ideas for meaningful activities for older people. They said this had provided them with inspiration for many new ideas to engage people, and that the registered manager had supported their suggestions.

Another area of improvement the registered manager told us about that they were implementing this year was a 'memory book.' They told us this would be a book written by the person about themselves, in addition to information about people within their care records. This will be kept in people's rooms with them to show staff when they wanted, and will detail preferences, past history and information that people would like others to know about them such as what is important to them in life. The registered manager told us they felt this would improve staff's knowledge of people's social and emotional needs and preferences, increasing responsiveness.

The registered manager had introduced several audits which picked up any concerns and areas of good practice in order to prevent problems from arising. This included an in depth yearly audit they had carried out leading to actions to be taken forward. This included all aspects of the environment, including cleanliness and personalisation of people's rooms, communal areas, medicines, care plans, people's food preferences staff training, maintenance and care records as well as care delivery. There were regular audits of the care records to ensure they were detailed and up to date. These checked that individual parts within the records were individualised and action was taken from these.

The regional director also visited to carry out an audit every two months which led to any actions being taken. These included updating staff training, a sample of care plans, and other documentation relating to care as well as staff interactions and activities with people. The audits were framed around the five key questions inspected by CQC so that the service could improve in line with these expectations. The suggested actions to be taken were written in detail, and had been checked. In addition to this, audits were carried out monthly in medicines and infection control. Where needed, action was taken and signed off when completed.

Several staff in the home had been nominated for awards at the Great British Care Awards. This was an event where people could vote for a member of care staff for exemplary care. This has included nominations for Care Newcomer of the Year, Ancillary Worker of the Year, Registered Manager of the Year and Care Innovator of the Year. The registered manager explained that one area where they had been innovative was in providing all staff across all areas, such as domestic and kitchen staff, with the same level of training. This meant that all staff were empowered to assist people beyond the confines of their job descriptions. Training included full moving and handling, communication training, falls, swallowing and nutritional awareness. They went on to say that this had enhanced people's quality of life, for example waiting less time for call-bells to be answered by care staff. It had also contributed to reducing falls as all staff were trained in manual handling should they recognise that someone may need assistance urgently.

One person we spoke with told us about a system in place for recognising the good work of staff, telling us, "We vote for a member of staff to be 'employee of the month' which can be quite difficult because so many

of them are so good." We also looked at some of these nominations. They had been chosen by colleagues, relatives and people living in the home, who had commented on the excellence and caring attitude of staff members. There was also a system whereby staff collected points for good work, which they could save up and redeem for various things or activities. This meant that there was increased incentive for staff and they were recognised and appreciated for their hard work.

We found that the information the registered manager gave to us in the PIR was correct, and they told us more about the improvements they are planning to make to the service. We noted that the home had a good track record over a number of years having delivered a high standard of care.

The registered manager was aware of what incidents they needed to report to us and had regular contact with other teams such as safeguarding, when any advice was needed.