

Anchor Trust

# Heather Vale

## Inspection report

Heather Vale Road  
Hasland  
Chesterfield  
Derbyshire  
S41 0HZ

Tel: 01246221569

Website: [www.anchor.org.uk](http://www.anchor.org.uk)

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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

This inspection took place 23 March 2016 and was unannounced. The last inspection took place in November 2013 when we found it met all the regulations we reviewed.

The service is registered to provide accommodation with personal care for up to 39 older people. There were 37 people living in the service on the day of our inspection. The service provides care and support for older people, with a range of medical and age related conditions, including mobility issues, diabetes and dementia.

At the time of our inspection there was a registered manager in place. 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.

People living at the service were safe. The management team and the staff understood their responsibilities in safeguarding people. Staffing levels were assessed to support people's needs. Pre-employment checks were made before staff started working at the service, to ensure staff were suitable to work with people.

People received care and support from kind, caring and compassionate staff. Staff were responsive to people's individual need, choice and preferences. Staff were friendly towards people and treated them with respect. We saw and heard a lot of chatting and laughter between the staff and the people who lived at Heather Vale.

Food provided was of a good quality and catered for people's individual preferences. This included catering for people's specific health and cultural requirements. Food and drinks were available to people throughout the day and night. The support provided to people with additional needs enabled them to maintain their independence, links to the community and as a result this had a positive impact on their well-being and health.

Staff attended training and used it to effectively support people. The registered manager and staff understood and complied with the requirements of the Mental Capacity Act 2005 (MCA). When decisions had been made about a person's care where they lacked capacity, these had been made in the persons best interests. The registered manager understood their role in relation to the Deprivation of Liberty Safeguards (DoLS).

The registered manager and the staff clearly understood the needs of people who were living with dementia. We saw the service was undergoing an extensive re-decoration. The re-decoration was designed around providing people with a dementia friendly environment.

The service was well-led. People knew the registered manager and saw them as approachable. The

management culture of the service was open and inclusive. People had opportunity to say how they felt about the service and the care being provided. People's views were listened to and actions were taken in response. The provider and registered manager had systems in place to check on the quality of the service and put measures in place to reduce risks.

## 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 understood their role and responsibilities for responding to and reporting any concerns about people's wellbeing to the management team. Medicines were safely managed, stored and disposed of. Procedures were followed to ensure safe staff recruitment.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff to access health and social care services as required. People's dietary needs and preferences were catered for; drinks and snacks were available throughout the day. People were cared for and supported by skilled and knowledgeable staff.

Staff understood the principles of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

Good ●

The service was caring.

People living at Heather Vale were treated with dignity and respect. Staff were kind, caring and compassionate. Staff spent time with people and developed positive relationships. People felt listened to and their views were taken into account. Staff promoted people to remain as independent as possible.

### Is the service responsive?

Good ●

The service was responsive.

The registered manager and the staff clearly understood the needs of people who were living with dementia. People were valued and treated as individuals and were involved in decisions relating to their care.

Staff knew people's individual needs, likes and preferences and supported them to participate in activities.

People and relatives felt able to speak with the management team or the staff should they have any concerns or feedback.

**Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager was visible and promoted an open and inclusive culture. People were encouraged to share their views about the service. Effective quality monitoring systems were in place to help ensure the services being provided reflected people's needs.

# Heather Vale

## 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.

This inspection took place on 23 March 2016 and was unannounced. The inspection team consisted of one inspector 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. For example, experience of services that support people with dementia and services for older peoples.

Before this 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 looked at all of the key information we held about the service. This included notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law.

We also spoke with local authority contracts and commissioners responsible for the contracting and monitoring of people's care at the home.

During our inspection we spoke with eight people living at the service and three relatives. We also spoke with four staff, a cook, and the registered manager. We also received the views of one healthcare professional and one social care professional. We observed how care and support was provided by staff in communal areas and we looked at four people's care plans and other records associated with the management of the service. For example, meeting minutes, medicines records and checks of quality and safety.

As some people at Heather Vale were living with dementia, we used a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us to understand the experiences of people who could not talk to us.

# Is the service safe?

## Our findings

People we spoke with were eager and enthusiastic to tell us about the care they received at the home. They were enthusiastic about the home and one person said, "I'm happy here," and another person said, "I love it here, I've got no faults with it, it's a wonderful place."

People were confident they were safe and told us they felt safe. People told us they knew who to speak to if they had any concerns about the care they were receiving. One person said, "I am safe here; the staff make sure of that." Another person told us, "Staff look after me and make sure I am safe." A third person said, "At night time they check on me." Relatives were content their family members were safe and well cared for at Heather Vale. One relative told us, "[Relative] is safe here."

We saw some people wore a personal alarm (call bell) on their wrist; the alarm was very discrete and looked very much like a watch. We asked about this and one person told us, "I used to have one when I lived at home and when I moved here I wanted to still have one." They went on to tell us how wearing the alarm was their choice and made them feel, "Safe and secure." The registered manager confirmed people were offered the use of an alarm (call bell) and although not everyone wanted one, for some people it provided reassurance and security.

Staff were clear about their roles and responsibilities in how to protect people from harm and abuse. Staff understood their responsibilities to report any safeguarding concerns to a senior member of staff. The registered manager and management team were aware of their responsibilities to report any safeguarding concerns to the local authority.

People told us there were enough staff available to help them and at a time when it was needed. One person said, "If you want anything you don't have to wait." Another person told us, "It's not often I have to have them [staff] at night, but they are good and pleasant." They went on to say, "There's no trouble at all, I've only got to buzz for them and they come – I never have to hold on or wait." During our inspection visit, we saw there were staff around to help people quickly and at a time when it was requested. The call bell system was a pager type system, which did not sound loud, but sent an alert to a pager being carried by staff. The system was discrete and effective for people to request staff support when they needed it.

The provider followed a systematic recruitment process to ensure the staff had the right skills and attitude to meet the needs of the people living at the home. The service undertook criminal records checks called Disclosure and Barring Service (DBS) checks prior to anyone commencing employment at the service. This was carried out to ensure prospective staff were suitable to work with vulnerable people. The provider also ensured suitable references were sought. We saw from staff records that they did not commence employment until all the necessary checks and documentation were in place.

People's medicines were safely managed. All the people we spoke with said they were taking regular medicines. Although most people were unclear about what medicines they were prescribed, they were happy they were getting the correct dosage at the correct times. One person told us if they had any pain, the

staff would make sure they got their pain relief. They told us, "I just have to ask for it." Another person told us they were, "Quite happy that staff do my tablets."

Staff responsible for the administration of medicines had completed training in the safe handling and administration of medicines. Staff also told us periodically they were observed giving people their medicines by the registered manager to ensure their practice was safe.

We saw staff offered people their medicines safely and in a way that met with recognised practice. The staff member administering the medicines wore a tabard which identified the medicines round was in progress and they were not to be disturbed. Medicines were stored correctly and current legislation and guidance was followed. This showed medicines were safely managed and administered.



# Is the service effective?

## Our findings

People were confident staff knew how to support them. One person said, "Staff know how to look after me." Another person told us staff were, "Here when you need them." A third person said, "You live your own life."

During our inspection visit we saw people coming and going to the main lounge. People were free to follow their own interests or join in with arranged activities. One person told us, "I can move about and get around; I can do what I want, I don't stay in one spot." We spoke with one person in their own room who told us, "I have freedom, but I prefer not to mix when I don't feel up to it." Another person told us, "I choose to stay in my own room." Some people took part in a variety of activities whilst others were content watching. Some people chose to read newspapers and books and others chatted to visitors.

Relatives told us they had confidence in the care offered. One relative said, "They're well trained enough; I get on with them." Another relative told us, "They [the staff] seem to be very good. [Relative] is happy."

We asked the registered manager and staff to tell us about their understanding of the Mental Capacity Act 2005 (MCA). The 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.

The registered manager recognised the circumstances which would require them to make an application to the supervisory body to deprive a person of their liberty and were familiar with the processes involved. 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).

When required, the registered manager had made applications for assessment to the local DoLS team; they had also made us aware of authorisations. There were policies and procedures in place for staff to follow in relation to the MCA. Staff we spoke with understood the requirements of the MCA and the importance of acting in people's best interests. We also saw there was a staff area and notices were on display to remind the staff of the MCA key principles and how to apply them.

We found staff to have skills and knowledge in areas relevant to people's care. One member of staff told us, "There is an endless list of training." They went on to give a list of training courses. Another staff member told us they had attended additional training for health and safety which meant they could train other staff. We saw evidence of on-going staff training; we saw prompts, posters and aide memoires on display in the staff room area. For example, we saw reminders for the key principles of the mental capacity act were on display. Records confirmed the staff received training deemed necessary by the provider and service commissioners. Staff had skills and knowledge relevant to effectively support people's needs.

People and relatives were content with the food provided. One person told us, "Food's okay, they [the staff] ask if there's anything I don't like." Another person said, "Food's good; can ask for more." A third person said, "Food, can't fault it; you get a variety and can ask for something else."

Relatives told us, "The food's good, it's all homemade and there's cakes." This relative also told us, they and other visitors were free to make a drink when they came to see their family member.

Lunchtime was very much a social event. People tended to go to one of the dining rooms and sat at small tables of their own choice. Some people preferred to eat in their own rooms and their choice was respected. A relative told us they had confidence the staff responded and respected their relative's individual needs. They told us, "[Relative] doesn't always like to go into the dining room for dinner; [relative] gets the choice."

In the dining rooms tables were laid with condiments, cloths and cutlery along with the daily menu. We also saw the weekly menu was clearly displayed on noticeboards. Staff brought plated examples of meals to each person. This offered people a visual reminder of what was available.

Catering staff demonstrated a good understanding and were knowledgeable about people's dietary requirements. For example, some people needed their food fortifying to support their energy and weight requirements. The cook was able to describe effective ways of achieving this. The cook had an updated list of people's nutritional requests and assessment scores and knew about the risks to people from malnutrition. This assessment tool is nationally recognised and known as the multi universal scoring tool (MUST).

Most people were able to eat their meals independently and only required gentle support and assistance at times. We saw one staff member assist one person to eat a softer diet. Their meal looked appetising and the staff member carefully offered a spoonful at a time, allowing adequate time between mouthfuls. We saw and heard conversations taking place between people and the staff. Staff checked whether people enjoyed their meals, they also offered people extra portions and encouraged others to eat.

We saw drinks and snacks were offered during the morning and afternoon. In each dining room there was a collection of small snacks and fresh fruits available for people to have when they liked. This was a relatively new introduction and we were told it was proving to be a positive introduction. We also saw there were drinks available all the time in the main lounge. For those people who chose to remain in their own rooms, we saw a jug of water or juice within easy reach.

People told us they would see their doctor or other health professional as and when needed. One person told us they had recently been visited at the home their optician. Another person said, "If there's anything wrong I can see the GP." A third person told us, "The GP comes in regularly or I see the nurse. There's the optician who comes in and the chiropodist." A relative was content any changes to their family member's health were acted upon. They told us, "They [staff] are very good here, they will phone straight away." A health care professional described the staff and the registered manager as, "Always on the ball." They went on to tell us there was a good and effective working relationship. They told us the staff follow any advice and ensured people received the care they need at the time when it was needed.

## Is the service caring?

### Our findings

People thought the staff showed compassion towards them and were confident they were well cared for. One person told us staff were, "Kind." Another person said, "It's a very nice, homely feeling; I can speak to people [staff], they are there if you want them." A third person told us, "The girls [staff] are so caring and helpful; I've got a favourite, but I'm happy with all of them." Another person said, "All the staff are kind; the carers live up to their name." A staff member told us, "I find my job very rewarding; the people appreciate us and we appreciate them."

One person told us the staff were, "Kind and caring and look after us very well." The person went on to tell us how the staff, "Bring me up a cup of tea in the mornings." Staff were all aware this person liked a cup of tea in bed every morning and they ensured this was provided. The person told us this was a small, yet important gesture and demonstrated how people and not tasks were the staffs' priority. Another person told us, "I like my music; I can listen to it anytime". They went on to tell us they liked to have a specific type of music on and staff recognised this as being important to the individual. We saw staff regularly checked on this person's welfare and well-being.

Staff ensured people received personalised care, which promoted their self-esteem and well-being and made them feel valued. We saw evidence of this throughout the inspection. For example, one person liked to be involved in the day-to-day tasks at the service to maintain their own wellbeing. Staff had recognised this and encouraged this to participate and carry out meaningful achievable tasks.

Another person told us, "You can live your own life here." The person's relative echoed this and told us, "It's kind and homely; they are interested in you, what you want and what you like." Staff made time to speak with people and though the home was busy, there was a calm, relaxed and pleasant atmosphere. The registered manager explained they had introduced a, "Down tools time." The registered manager told us staff were encouraged to spend some quality time with people during the morning and afternoon. They further explained they and the staff were committed to giving people time and opportunity to build on relationships to help promote people's self-esteem. During the 'down tools time' staff approached people and involved them in discussions about what they wanted to do. Staff sat and spoke with people individually and ensured they communicated with people in preferred way. For example, staff ensured that people wore their hearing aids in the correct ears and ensured that they were working effectively as they communicated with people.

We saw staff approached people and spoke with them with good humour and compassion. One person told us, "Although you never think you're going to get to a place like this, they [staff] are all caring. Anything you're stuck with they try and help you get sorted; they have got time for you." A relative told us their family member, "Feels comfortable with people [staff] here." Another relative told us, "I think staff are kind and caring." A staff member told us, "I always put myself in their [peoples] shoes; I ask myself, what if it was me, how would I want to be treated."

At lunchtime, people were given the choice as to where they wanted to eat. Most people chose to sit in the

small dining rooms located along each main corridor, although some people opted to eat in their rooms. The dining experience was a social affair, a staff member served each person individually and ensured people were not rushed in any way. The cook visited each dining room to check people had the meals they wanted and whether anyone had any comments or feedback. We saw and heard the cook ask one person if there was something wrong as the person did not have a main course. The person said they were fine but had realised they had forgotten to order a particular lunch. The cook quickly offered to make the person a meal of their choosing. For example, an omelette, a salad or sandwiches; the list went on. The person declined and said they had eaten a good breakfast and preferred to have only a dessert. We spoke with the cook who told us, "We strive to give people what they want." They went on to tell us, "We work together with people to make sure they are happy and they have what they want."

After lunch, one person who was living with dementia was seen walking around the home and appeared to be confused and unhappy. We saw staff quickly respond to the person to find out how they could help and support the person. The staff spoke gently and reassuringly to the person. The staff spent time with the person and suggested things for them to do which might reduce their anxieties. The staff engaged the person in a meaningful activity, which helped to reduce the person's anxiety. The staff showed empathy and compassion towards the person.

People were supported to maintain relationships with friends and relatives who mattered to them. We saw a steady flow of relatives and visitors coming and going throughout our inspection visit. People told us their relatives and friends could visit at any time and they felt reassured by this.

One person told us, "I feel comfortable with staff, they are caring and respectful." An example of this we saw was staff assisting a person to move and transfer with the aid of specialist equipment. The staff were careful and courteous; they ensured the person's legs were well covered to preserve and promote dignity. We saw people were not hurried or rushed and we heard staff speak to people in very soft tones. Staff ensured people were consulted with while they were being assisted to move and transfer. We saw pictorial guidance was available in people's bedrooms to demonstrate the actions that were going to be undertaken. Staff ensured people were in agreement before assisting them. This pictorial guidance was available for people and their relatives to view to ensure they were actively involved in making decisions how they would be assisted to transfer.

Staff encouraged and promoted people to remain as independent as possible. Staff had a good insight into how they were able to promote people's independence and did this on a daily basis. For example, we saw one person being supported by staff to use their walking aid and walk independently. The staff recognised it would have been much quicker to fetch a wheelchair for the person, but understood how promoting the person's independence was essential and important. The staff provided the person with verbal praise and encouragement to walk a short distance. The staff commended the person and staff were very supportive of what each person achieved.

We saw all the people were dressed neatly and tidily. Care had been taken to ensure clothes were washed and ironed well. Staff had taken the time and effort to ensure people were dressed according to their individual preferences. For example, we saw some people chose to wear costume jewellery to coordinate with their outfits. The hairdresser visited the home twice a week and this gave everyone the opportunity to take advantage of this service and helped to ensure people's dignity and pride was maintained. This showed the staff had an awareness and understanding of promoting people's individuality.

The registered manager told us there was a drive from the provider for a focus on dignity and dementia. There was a 'Home Improvement Team' (HIT 'squad') which was a group of staff who had expressed an

interest in the on-going development of the service. We saw a wooden display of hands had been designed by the HIT squad to recognise the people and the staff were 'working together hand in hand'. We also saw a dignity tree so everyone could add to the collection of leaves and say what dignity means to them. The staff and registered manager were working towards and gathering evidence for consideration for the Derbyshire Dignity Award as well as the provider's internal dignity award.

A visiting health professional told us they would have no reservations in recommending the care home to other people. The professional told us they felt the staff and the management team worked in an inclusive manner that placed people at the centre. A social care professional also confirmed and endorsed the same opinion of the care people received. The registered manager explained to us they and they staff worked together to provide people with a service that was focused on an individual and personalised approach.

## Is the service responsive?

### Our findings

People told us there were plenty of activities and they were supported to follow hobbies and interests. One person told us, "I prefer to do my word search." Another person said, "I'm happy here, there are lots of activities." A third person gave a list of activities they enjoyed and took part in. They told us, "There are plenty of activities; a cheese and wine party, arts and crafts, flower arranging, concert parties, a garden party, outings, bingo and raffles."

Throughout our inspection visit activities took place on an individual or small group basis. An activity coordinator was employed, and although they were not available on the day of our inspection visit we saw activities continued to be offered by the staff. This meant the provision of interesting activities had been integrated into people's everyday experience and not solely reliant on the activity coordinator. We saw staff engaged with all the people and at whatever level they were able. Staff provided different activities suited people's different dementia needs, for example, people with memory loss were not asked to do quizzes, but did reminiscence. The staff made efforts to find something which would interest each individual and people could choose to opt in or out as they preferred. This demonstrated the staff were motivated to provide people with a stimulating and inclusive activity program.

In response to people's requests, the manager had introduced a 'down tool time'; this was an opportunity for staff to have some quality time to sit and chat with people. The staff made lots of effort to spend time with people, but the 'down tools time' was a protected time for staff to participate in activities with people or for staff to sit with people and have chat over a coffee. The registered manager felt the 'down tools time' was a positive introduction to the day. We saw staff embraced the time and they were observed chatting with people. This showed us how the registered manager and the staff listened to what people wanted and worked towards fulfilling their requests in a positive and problem solving manner.

The registered manager and the staff clearly understood the needs of people who were living with dementia. We saw the service was undergoing an extensive re-decoration. The registered manager explained the re-decoration was designed around being dementia friendly and followed good practice in dementia friendly environments. For example, bedroom doors not only looked like front doors, but also functioned as one, with working letter boxes. There were colour coded panels at the side of doors, so people could identify which side of the door the handles were. We saw picture frames had been hung and customised with personal photographs and memorabilia at the side of people's doors; this was to assist the person to find the correct room. Each main corridor where the dining room and bedrooms were located had been painted a different colour, so it was easily recognised. Designing and decorating people's environment in this way helped to orientate people living with dementia through the things they could see, and as such their independence was supported, enhanced their wellbeing and increased their quality of life. People's environment had been adapted to be responsive to their needs.

The re-decoration was carried out to a high standard. We saw pictures on display were chosen to stimulate people's memories and conversation and from an era that people living with dementia remembered. The lounge was light and welcoming and had been re-decorated and furnished with coordinated soft

furnishings. This showed us the staff and the provider were aware of implementing change to help support people's dementia needs.

A focused key worker system had been implemented; this gave staff the opportunity to engage with each person on an individual basis, to ensure the person's care needs were being met. The key workers worked in partnership with people to understand individual preferences and enhance people's sense of wellbeing. We also saw some people had life story books; life story books are an essential tool for recognising and reviewing a person's past life events. It provides staff with a means of learning more about a person, their life and experiences. It was particularly helpful for people living with dementia. The registered manager told us the 'Anchor Inspires' dementia champion had promoted the use of the life story books and the staff 'Home Improvement Team' (HIT team) had embraced this to promote and improve people's life at the service.

Monthly care review meetings were held for people and a relevant family member to enable them to share their views about the care they received. The meetings were held at a mutually agreed time which was convenient for all participants. The information from the review meetings gave opportunity to review people's individual health needs and changes to care plans were made accordingly. One person told us about their personal involvement in care planning and said, "There's a review every month with the team leader." A relative told us, "Care planning is good; people [staff] tell me if there's a problem." We saw care plans were updated following the review. They were also amended when any changes had occurred to the person's health needs or well-being. The meetings demonstrated an awareness of recognising the changing needs of people and the importance of promoting person focused care.

None of the people or their relatives told us of any complaints. Everyone told us they understood there was a complaints policy and they knew how to access it. They were content they could raise issues with the registered manager or staff. People told us they were confident any concerns would be listened to. One person told us they were confident any complaints or concerns would be dealt with. They said, "I can talk to the manager; it wouldn't bother me, they've got time for you." Another person told us if they had any problem or concern, "I would go straight to the office." A third person told us, "I could speak to people [staff] at any time and they would listen." There was a clear policy on the management of complaints management and information about this was displayed.

Relationships with family and friends were encouraged and supported. People told us they were encouraged to stay in contact with their family and friends. At our inspection visit we saw lots of relatives and friends coming and going. A relative told us they were encouraged to visit and remain part of their family member's life. They also told us they could visit whenever they wanted. This showed us how friendships were accepted as being important to people and the registered manager and staff recognised and encouraged this.

People felt their religious needs were being met at the service. A church service was held for people so they were able to follow their chosen religion. The registered manager assured us, should a person have any specific cultural and religious requests, they would be respected. People were supported with their cultural and religious needs.

The staff and registered manager had participated in the annual 'Care Home Open Day' since its introduction and intended to participate again this year. This event was advertised locally and showed the service supported and encouraged community involvement.

At lunchtime, we saw people were served their meals on white plates. Tables were covered with dark blue tablecloths. We queried with the registered manager if they had thought of using coloured plates for people.

The registered manager confirmed they had read information relating to the use of coloured plates, but had asked people what they preferred. We were told the majority of people had agreed they preferred white plates on the darker tablecloths. The registered manager went on to explain the contrast of the white against the dark highlighted the plate and drew people's attention to the food. The registered manager recognised the needs of people who were living with dementia and was aware of implementing change to help support people's needs. The registered manager understood the importance of involving people in the management of their care.

The provider ensured people and their relatives were given the opportunity to express their views, feedback, worries or concerns. The provider had a dedicated phone number which is displayed at the service and is for an advocacy helpline. The advocacy service gave people the opportunity to speak with and gain advice from an independent person. The provider also gave people and relatives information relating to an advisory and advocacy service specialising in elderly care funding. This showed an understanding in ensuring people and relatives were provided with information to signpost them to advocacy services.



## Is the service well-led?

### Our findings

During the day of our inspection visit people and their relatives mentioned the residential manager with evident warmth. One person said, "The manager is delightful, I can talk to her." Another person echoed this and said, "I know there's someone there I could talk to; I could talk to the manager." A third person said "[Registered manager] is wonderful, she often comes and talks."

Relatives told us, should it be necessary, the registered manager was approachable and available for them to speak to. One relative told us, "I can talk to the manager; I think this is one of the best care homes."

People and their relatives were aware of and had attended meetings where they were asked their opinions about the care at the home. One person stressed to us, though there were meetings they, "Could see people [staff] at any time and they would listen." Another person told us, "There are residents' meetings sometimes and I've done surveys sometimes. I could talk to the manger."

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The provider participated in the 'Your Care Rating' survey; this is a survey conducted for people living in a care home. People were given the opportunity to provide views and feedback through an independent, confidential and standardised survey. We saw the results of a recent survey had been displayed on the wall of the entrance to the main lounge. We saw the management team's response to the queries and comments raised in the survey were presented in an accessible format so people could see what had been said and done as a result. We saw, 'You said and we did' on the noticeboard. We saw one comment said, "Staff don't have time to talk to me," and the response was, "We will listen and act on comments." The registered manager told us the implementation of the 'down tools time' had been introduced in response to people's comments and requests. This showed the registered manager and management team listened to people and were mindful of promoting an open and inclusive approach.

We were sent written notifications telling us about important events when then had occurred at the home. Records relating to the running and management of the home were accurately maintained and securely stored. There were systems in place to monitor and review all aspects of the running of the home. We saw

there were effective quality assurance systems in place to monitor and review the quality of the service people received. The registered manager and the management team carried out regular audits of all aspects of the service. Audits included monthly medicines checks, care plans, infection control and analysis of any falls; the audits were carried out to ensure any areas of concern were identified and actions and learning carried out. The provider recognised the need to assess, evaluate and reduce potential risks relating to the health, safety and welfare of people.

A health care professional told us they had always found all the staff had the correct attitude and approach to the people they supported and to their own job roles. The health care professional told us they had always found the registered manager to be helpful, proactive and approachable. We saw the registered manager had completed regular checks of the quality and safety of the care being provided to people.

There were clear arrangements for the day-to-day management and running of the service. The registered manager told us they were supported by a strong network of staff who worked alongside to ensure a good service was delivered to the people. The registered manager understood their role and responsibilities and promoted an inclusive approach to the way they managed the service.

Staff told us they felt supported by the registered manager and the management team. A member of staff told us they were confident to raise any concerns or worries they had to any member of the management team. Another member of staff told us they had confidence in the registered manager and they felt reassured any concerns would be listened to and acted upon. The registered manager told us, "We have a strong senior team, who lead by example." They went on to tell us, "We strive for good and hope we can be above it." They told us they promoted an open culture. Staff understood how to raise, report and document any concerns or changes in people's needs. For example, reporting of incidents and accidents and safeguarding concerns.

Staff members told us they received supervision and appraisal; one staff member told us supervision, "Is a good thing; it gives time and opportunity to open up." Another staff member told us, "[Registered manager] takes care of the staff; she listens to us." We saw evidence of staff having received regular formal supervision and appraisals.

Our observations and conversations with the staff demonstrated they understood the provider's vision and values for the service. Staff understood and recognised the need to promote and respect the dignity, privacy and independence of the people. One staff member told us they had personal experience of a family member needing care and support. They told us, "We remember, this is someone's mum or dad; we treat them with respect as we would want to be treated."