

Kingsley Care Homes Limited

Heron Lodge

Inspection report

163 Norwich Road
Wroxham
Norwich
Norfolk
NR12 8RZ

Tel: 01603782194

Website: www.kingsleyhealthcare.com

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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 unannounced inspection was carried out by one inspector and took place on 5 and 8 December 2017.

There was a registered manager in post. 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.

Heron Lodge is a care home with nursing and is registered to accommodate up to 30 older people in one adapted building. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection on 11 October 2016, we asked the provider to take action and make improvements to ensure that care was focussed on individual needs and preferences. In addition, we asked the provider to make improvements to ensure their systems for monitoring and improving the quality and safety of the service were effective.

The findings from our inspection on 5 and 8 December 2017 confirmed that appropriate action had been taken and significant improvements had been made.

There had been a considerable change to the staff team since our last inspection, which included a new registered manager, deputy manager and activities coordinator. We found that the whole staff team worked cohesively to ensure people living in the home were consistently safe, well cared for and happy. We saw that the care provided was centred around each person as an individual and staff came up with innovative ways to ensure people could be included and involved in meaningful activities and entertainment.

There were enough staff working in the home to help ensure people's safety. Staff worked well together to ensure people's needs were met safely and appropriately. Proper checks were carried out when new staff were recruited, which helped ensure only staff who were suitable to work in care services were employed. Staff knew how to recognise different kinds of possible abuse and understood the importance of reporting any concerns or suspicions that people were at risk of harm appropriately.

Risks to people's safety were identified, recorded and reviewed on a regular basis. There was also written guidance for staff to know how to support people to manage these risks. Staff worked closely with healthcare professionals to promote people's welfare and safety. Staff also took prompt action to seek professional advice, and acted upon it, where there were concerns about people's mental or physical health and wellbeing.

People's medicines were stored and managed safely and administered as the prescriber intended. Staff

were appropriately trained and competent to support people with their medicines.

People enjoyed their meals and were provided with sufficient quantities of food and drink. People were also able to choose what they had. If people were identified as possibly being at risk of not eating or drinking enough, staff would follow guidance to help promote people's welfare and input would be sought from relevant healthcare professionals.

Staff were trained well and were competent in meeting people's needs. Staff understood people's backgrounds and preferences and supported people effectively. New staff completed an induction and all staff had frequent one-to-one time with their line manager, during which supervisions and appraisals of their work were undertaken.

Staff understood the importance of helping people to make their own choices regarding their care and support and consistently obtained people's consent before providing support. Some people did not have the capacity to make all their own decisions but staff understood how to act in people's best interests, to protect their human rights.

Staff had developed respectful, trusting and caring relationships with the people they supported and consistently promoted people's dignity and privacy. People were able to choose what they wanted to do and when. People were also supported to maintain relationships with their friends and families.

People were supported to engage in meaningful activities of their choosing and were supported to maintain and enhance their independence as much as possible. Staff interactions with people living in the home were frequent, engaging and positive.

The service was well run and communication between the management team, staff, people living in the home and visitors was frequent and effective. People and their families and friends were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

The provider and management team used a number of methods to ensure the quality of the service provided was regularly monitored. All aspects of the service were checked regularly by the provider's senior management team, the registered manager and care staff, in order to identify any areas that needed improvement. Action was taken promptly to address any identified issues.

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 knew how to recognise signs of possible abuse and were confident in the reporting procedure.

Risks to people's safety were assessed and staff understood the action they needed to take to promote people's safety.

There were enough staff to support people safely and appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home.

People's medicines were stored and managed safely and administered as the prescriber intended.

People using the service were helped to stay safe and well because the service followed effective procedures for the prevention and control of infection.

The service had effective systems in place to ensure lessons were learned and improvements were made in the event that things went wrong.

Is the service effective?

Good ●

The service was effective.

People's needs and choices were assessed in a way that ensured each person had their individual holistic needs met effectively and without discrimination.

Staff were supported by way of relevant training and supervision to deliver care effectively.

People had sufficient amounts to eat and drink in the home and were supported to maintain a balanced diet.

The service worked well with other professionals and organisations who were also involved in providing people with care and support.

People were supported to maintain their mental and physical health and wellbeing and staff acted promptly to seek advice if people became unwell.

The premises were safe and accessible and people could choose whether they wished to spend their time in the communal areas or a quiet area alone or with visitors.

People's consent was sought and nobody was being unlawfully deprived of their liberty.

Is the service caring?

The service was caring.

Staff were caring and kind and promoted people's privacy and dignity.

People were able to make choices about their care and were encouraged and supported to be as independent as possible.

People were supported to maintain relationships with their friends and families and visitors were welcome.

Good ●

Is the service responsive?

The service was very responsive.

The care provided was centred around each person as an individual and staff came up with innovative ways to ensure people could be included and involved in meaningful activities and entertainment.

People were supported to choose what they wanted to do, how and where they wanted to spend their time.

Assessments were completed prior to admission, to ensure people's needs could be met and people were involved in planning their care. People's individual choices and preferences were kept under constant review and plans of care were amended or updated as and when required.

People received care and support to ensure they were comfortable, dignified and pain free at the end of their lives. The service also offered care, support and reassurance to people's families and friends before and after their loved one died.

People were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and

Good ●

action taken where possible.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post and the service ensured CQC's registration requirements were met and complied with.

The service was well run and communication between the provider, management team, staff, people living in the home and visitors was frequent and effective.

The service promoted a positive culture that was person-centred, open, inclusive and empowering.

The provider and management team used a number of methods to ensure the quality of the service provided was regularly monitored. Action was taken promptly to address any identified issues.

The service accessed resources & support in order to develop the staff team and constantly drive improvement.

The service had strong links with the local community and the service worked openly with other services, such as the local authority's safeguarding team and Clinical Commissioning Groups (CCG).

Heron 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 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.

Following our last inspection on 11 October 2016, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions for effective, caring, responsive and well-led to at least good.

Our inspection on 5 and 8 December was carried out by one inspector and was unannounced. At this inspection we found that the provider and management team had made significant improvements to all aspects of how the service was being run. This meant that people living in the home were experiencing a much higher quality of care.

Before the inspection we looked at all the information we held about the service. This included information about incidents happening within the service and which the provider or registered manager must tell us about by law.

Because some of the people who used the service were not able to tell us in detail about their care, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk directly with us.

During our inspection visit, we observed how people were being supported and how staff interacted with them. We met and spoke with three people living in the home and seven relatives. We also spoke with two directors of the organisation, the registered manager, the deputy manager, the activities coordinator, four members of support staff and the chef. In addition, we received detailed feedback from a hospital discharge coordinator.

We looked at assessments and plans of care for six people and checked how they were supported. We reviewed records associated with the employment of three staff, staff meeting minutes and staff training

records. We also looked at the arrangements for storing, administering and auditing medicines and a sample of other records associated with the quality and safety of the service.

Is the service safe?

Our findings

We found that the service had systems, processes and practices in place to safeguard people from abuse. People using the service, relatives and staff told us they understood what safe meant and were encouraged to raise concerns if necessary. People using the service were also offered an advocate to help them do this if needed.

One person's relative told us, "I know that [Name] is in good hands here and I have no concerns whatsoever about their safety." Another person's relative said, "Absolutely, I spend a lot of time here and I can see that all the staff are on the ball when it comes to looking after people properly; they all do their best to make sure nobody comes to any harm."

We saw that systems were in place to ensure up to date safeguarding information was effectively communicated to staff. Staff told us they had completed training, understood the responsibilities of safeguarding and were familiar with the provider's and local safeguarding authority's policies.

One member of staff said, "I know the procedure for reporting any concerns. I would normally go to [manager] or [deputy] but if I couldn't do that I would report directly to safeguarding or CQC."

The care records we looked at, together with our observations, showed that risks to people using the service were assessed and their safety was monitored and managed, with minimal restrictions on their freedom. Risk assessments we saw included areas such as pressure care, mobilising, the use of bed rails, nutrition and hydration. Where people's behaviours may occasionally be difficult to manage, staff demonstrated a good understanding of how to support people safely and appropriately and within agreed and legal guidelines.

People using the service were involved, as much as possible, in discussions and making decisions regarding how any identified or potential risks to their safety were managed. This meant that people could continue to make choices and have control over their lives. Records with information relating to people's safety were up to date, accurate, securely stored and available to relevant staff. This meant that staff were able to follow guidance to help ensure people were consistently supported safely.

There were effective systems in place to promote and encourage concerns to be shared appropriately. Thorough investigations were also carried out in respect of any issues or concerns such as whistleblowing, staff concerns, safeguarding, accidents and incidents. Regular and appropriate checks were also carried out to ensure the premises and equipment used in it was properly maintained and remained safe and fit for purpose.

Findings from checks and investigations were used to compile action plans. These further helped to minimise risks to people's safety and avoid recurrences of any instances that had a negative impact on people using the service.

We saw there were sufficient numbers of suitable staff to meet people's needs and support them to stay

safe. The manager explained how they used a recognised dependency tool to continually assess the staffing levels to ensure they remained appropriate.

We also saw that staff were appropriately deployed within the service, so that people received consistent support from competent staff, which helped to ensure people remained safe.

We saw that robust recruitment procedures were followed, to ensure that only staff who were suitable to work in a care environment were employed. For example, references were obtained for prospective staff and police checks were completed.

The manager told us that staff's knowledge, understanding and competency of keeping people safe was regularly checked during observations and one-to-one supervisions with their line manager. If unsafe practice was identified, action was taken to update staff's training or, as necessary an appropriate disciplinary process was followed.

The service ensured proper and safe use of medicines by following current professional guidance and engaging with professionals in people's medicine reviews.

The service had appropriate facilities to ensure the safe storage of medicines. Staff also adhered to robust procedures for ordering, disposing, administering and recording medicines for people in the service.

We saw that a new electronic medicines system had been implemented in the service. The deputy manager explained this new system to us and we observed a nurse using it when administering people's lunch time medicines. We saw that the manager and deputy manager carried out regular audits of medicines and the new system also enabled them to do spot checks to ensure staff followed the correct procedures.

Risks for people were fully assessed and we saw that staff followed clear protocols with regard to medicines that were prescribed to be given on a PRN (as and when) basis. Assessments, guidance and protocols were also in place for controlled medicines as well as those that were prescribed to control people's behaviour or given covertly (disguised). We were satisfied that the service managed and administered people's medicines in line with the Mental Capacity Act 2005 and respected people's human rights.

If practicable, people could also be supported to manage and administer their own medicines. In these instances, appropriate risk assessments would be completed with the people, to help ensure their on-going health, welfare and safety.

We found that people using the service were helped to stay safe and well because the service followed effective procedures for the prevention and control of infection.

Staff had been trained to understand how to identify potential risks and prevent and avoid the spread of infection. Where relevant, staff had also been trained in food hygiene and understood how to store, prepare, handle and cook food safely.

We found the home to be clean and hygienic throughout and saw cleaning schedules in place that were checked and audited regularly. There were sufficient hand-washing facilities in the service and we observed staff regularly washing their hands during the course of their duties. Protective clothing, such as gloves and aprons, were also available and worn appropriately by staff when needed.

The service followed appropriate procedures for notifying the relevant external agencies in the event of any

infectious outbreak. This helped ensure that any outbreaks of infection were managed and controlled effectively and keep the risks to the health and safety of people using the service to a minimum.

The service had effective systems in place to ensure lessons were learned and improvements were made in the event that things went wrong.

For example, any safety incidents or 'near misses' were recorded and investigated thoroughly. Audits were also undertaken and reviewed regularly to identify any negative trends and risks to people's safety in areas such as pressure ulcers, falls and other injuries. The information obtained from these investigations and audits was analysed and action plans were compiled to reduce future risks for people. We noted from the information given to us from the registered manager that there had been a marked reduction in the number of incidents since our last inspection. Staff also demonstrated good knowledge and understanding of appropriately recording and reporting any incidents or concerns regarding people's safety.

Is the service effective?

Our findings

We saw that people's needs and choices were assessed in a way that ensured each person had their individual holistic needs met effectively and without discrimination.

A coordinator from the hospital discharge team said they had frequent contact with the manager at Heron Lodge when looking to place people in the home, following discharge from hospital. This person told us, "[Manager] carries out full and thorough suitability assessments of the patients we ask her to see. Equally, she is transparent, honest and reliable in refusing patients that she knows would not suit the home which is important in facilitating a safe and positive discharge for all patients."

The service ensured that all staff had the skills, knowledge and experience to deliver effective care and support.

The hospital discharge coordinator told us, "I have recently visited the home myself to review a complex patient and found the staff to be friendly, welcoming and knowledgeable about the patients within their care. I have had telephone contact with [Deputy Manager], who equally shows a good knowledge and understanding of the patients within her care."

New staff completed a comprehensive induction and all staff received regular support, supervision and appraisals. Staff's competency in their work was checked and monitored by way of regular observations and mentoring by other appropriately experienced or qualified staff, such as their senior or line manager.

All staff completed essential training that was relevant to their roles, as well as training in subjects that were 'service or person specific'. Staff were supported to complete refresher courses to ensure their skills and knowledge remained up to date and relevant. The service maintained a training matrix, which helped to ensure staff training remained up to date, as well as highlight any areas where there were shortfalls.

Volunteers employed by the service also received appropriate support and training to help ensure they were able to undertake their role effectively.

We found that people using the service were supported to have sufficient amounts to eat and drink and maintain a balanced diet.

People told us they enjoyed their meals and said they always had enough to eat and drink. People also said they were involved in discussions and decisions regarding the menus and options and could choose what they wanted.

If people didn't want one of the main menu options, they were able to choose something completely different. For example, one relative told us how they had seen a person not wanting their meal and when staff had enquired if there was a problem the person had replied, "I just don't fancy it today; I would just love an omelette." The relative we spoke with told us that, without hesitation, the staff member had replied, "No

problem, we'll soon do that for you." Within a few minutes the cook had made an omelette for the person, which the relative said the person thoroughly enjoyed and ate every bit.

One person told us, "The food is wonderful and I do like my food." People's relatives were also very complimentary about the quality and choice of food and commented on how well they felt their family member was supported to eat and drink.

One relative told us, "They [staff] have encouraged [family member] to eat, and tried to encourage her to get out of bed." This relative added, "The chefs have been easy to approach and asked what foods [family member] would prefer. They have offered custom milkshake, and yoghurt for snacks. Care staff have assisted [family member] to eat."

Another relative stated, "[Cook's name] is the best cook and makes beautiful food."

Staff demonstrated good knowledge and understanding of people's individual dietary requirements, including cultural and religious needs. We saw that these individual needs were respected and accommodated appropriately. Staff involved in the storage, preparation and serving of food had been appropriately trained in food hygiene. In addition, staff had been trained and followed individual guidance with regard to supporting people who had difficulties with eating and drinking or required a thickened, pureed or special diet.

Mealtimes were flexible, in order to meet people's individual requirements, whilst still being appropriately spaced out throughout the day. We observed that mealtimes were relaxed and not rushed and there were sufficient staff to support and attend to people's requirements as needed.

Risks regarding people's intake of food and drink were identified, assessed, monitored and managed effectively. Appropriate input and guidance was consistently sought from dietary and nutritional specialists to help ensure people remained healthy and well.

People told us that the service worked well with other professionals and organisations who were also involved in providing people with care and support, such as day services, medical and healthcare services. Relevant information was shared appropriately with these other professionals and organisations, to help ensure people using this service consistently received effective care, support and treatment.

One person's relative told us, "When [family member] was admitted [Manager] was very helpful in explaining the medications and facilitating appointments with doctors and other service providers."

People were supported to maintain good health and had access to healthcare services. Prompt referrals were made to the relevant healthcare service when people's health needs changed. People using the service and their families were supported to understand the health care, medicines and treatment options that were available to them.

We saw that each person's care plan contained detailed information on their individual healthcare history and support needs. It was evident that a wide range of healthcare professionals were regularly involved to support people in maintaining good health such as, district nurses, mental health nurses, GPs, dieticians and speech and language therapists. Routine appointments were also scheduled with other professionals such as opticians, chiropodists, audiologists and dentists.

We found that the premises were safe and accessible and people could choose whether they wished to

spend their time in the communal areas or in a quiet area either alone or with visitors. There was clear signage throughout the home and there was a consistent staff presence. This helped people to find their way around and helped reduce anxiety for people who could feel lost or confused.

People using the service and their relatives and visitors were involved in discussions regarding the layout and décor in the home. Any changes to the environment were discussed with people beforehand and action plans were implemented to minimise any potential distress. People's bedrooms were furnished and decorated in accordance with their individual choices.

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 found that staff demonstrated a good understanding of the MCA and DoLS. Where a person's mental capacity was in question, capacity assessments were recorded and reviewed regularly. For some people, who had variable capacity, information was clearly recorded to explain which decisions people could make by themselves and which they need assistance with.

Best interests decisions were carried out, when necessary, in line with MCA. Where necessary, appropriate referrals had been made to the local authority in order to obtain permission to deprive people of their liberty in their best interests. We noted that the applications were based on individual assessments and that considerations had been made for the least restrictive options to be applied. The service had protocols in place to support people who lacked capacity, without the use of physical restraint.

Staff understood the importance of helping people to make their own choices regarding their care and support. Staff consistently obtained people's consent before providing support and, when people lacked capacity to make some decisions, staff understood how to act in people's best interests to protect their human rights. Throughout this inspection we observed staff obtaining people's consent before providing support to them.

Is the service caring?

Our findings

People told us that staff were caring and consistently treated them with kindness, compassion, empathy and respect. People living in the home, as well as relatives and visitors, all said they felt they mattered and that staff listened to them. People living in the home also told us that staff responded quickly to their needs. One person said, "They [staff] are very good, lovely. If I need anything they help me straight away."

One person's relative said, "The care staff and nurses have made great relationships, lightening the day for the time they can spend with [family member]".

Another person's relative told us, "...Heron Lodge is a happy lovely home. [family member] loves it and it is definitely much, much better..."

The hospital discharge coordinator told us, "We have placed some complex patients at Heron Lodge, who are then case managed by staff within the Continuing Healthcare team at the hospital. The feedback from the case managers is that Heron lodge provide good quality care to our patients and there have been no safety or quality concerns raised by the case managers to myself as pathway coordinator."

Staff we spoke with and our observations demonstrated that staff knew people and their histories well and regularly engaged in meaningful conversations and interactions with the people they were supporting.

The activities coordinator told us how one person had often spoken of their dream to be 100 years of age and "get a letter from the Queen". This person's grandson was a postman, who wanted very much to personally deliver his grandmother's telegram when she reached this special birthday.

We noted how the staff in Heron Lodge had helped the family achieve their ambitions. With the family's consent, the local newspaper also came and photographed the very emotional, touching moment that the grandson delivered the telegram to his grandmother, with all the family present. This was followed by cake, balloons, flowers and a little party, which everyone said the person living in the home had really enjoyed.

People and their relatives told us they were involved in planning the care and support they received and were able to make choices and decisions and maintain their independence as much as possible.

Information was provided to people in formats they could understand. Where needed, people were supported to access an independent advocate. (An advocate helps people make informed choices, speaks up on their behalf and listens to their needs.)

The service ensured staff received time, training and support so they could deliver care in a compassionate and caring way. Activities and meetings were organised and staff were deployed in such a way that enabled staff to have time to listen to people and involve them in decisions.

People told us that their privacy, dignity, independence and confidentiality was consistently promoted and

respected in the service. Staff also consistently demonstrated that they understood the importance of respecting people's privacy, dignity and human rights. For example, by knocking on people's bedroom doors before entering and communicating with people on an individual basis.

We observed that staff recognised when people were in pain, discomfort or emotional distress and responded quickly and appropriately. One person's relative stated, "[Family member] has been treated with kindness and dignity throughout."

People's relatives and friends were welcome to visit without restrictions and people's relatives told us they felt fully included in their family member's care. One person's relative told us, "[Manager] has been very easy to work with. She sends pictures and information, as I am living [abroad]. She is very responsive to my emails."

Is the service responsive?

Our findings

Our last inspection took place on 11 October 2016. During that inspection we found that care was not focussed on individual needs and preferences, and staff did not always provide the level of support people required, in a timely way.

This had meant that the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection on 5 and 8 December 2017 we found that significant improvements had been made and the provider was no longer in breach of this regulation.

People told us and our observations confirmed that people received personalised care that was responsive to their needs.

The hospital discharge coordinator told us, "When dealing with complex patients, [Manager] is swift in identifying risk and seeking support and appropriate advice from healthcare professionals such as GPs, speech and language therapists and the Dementia Intensive Support Team. [Manager] ensures all aspects of each person's needs has been explored appropriately; thus ensuring a person centred approach. [Manager] clearly communicates with the [discharge] team and always has the best interests of her patients at heart."

The activities coordinator told us about a recent occasion, when one person living in the home was approaching their 65th wedding anniversary. The activities coordinator explained, "With the help of their family members, we were able to deliver flowers, cake, cards and old photographs to help celebrate [husband and wife]'s 65th wedding anniversary, as their families live abroad and were unable to attend." Everyone we spoke with said how much this had been enjoyed and appreciated by the couple and we saw a very heartfelt letter of thanks from one of the couple's relative's, who lived abroad.

We saw that people were supported to express their views and be actively involved, as much as possible, in making decisions about their care, support and treatment. A member of staff told us, "We find different ways of helping people make choices and be involved. Some might not be able to speak to us but we show them things or do things with them and watch their facial expressions and body language. This helps us to find out what they like."

One person's relative left a review for Heron Lodge on a public website stating, "My [family member] came here in quite a poorly way. He has made remarkable progress with the care and consideration of the staff and doctor, together with the home cooked food which he has much enjoyed."

There had been a considerable change to the staff team since our last inspection, which included a new registered manager, deputy manager and activities coordinator. We found that the whole staff team worked cohesively to ensure people living in the home were consistently safe, well cared for and happy. We saw that the care provided was centred around each person as an individual and staff came up with innovative ways

to ensure people could be included and involved in meaningful activities and entertainment.

For example, we were told how excited people had been recently when they had a visit from the miniature donkeys as pet therapy. One person told us, "Residents had the biggest smiles on their faces when they saw the donkeys."

One person living in the home was desperately keen to see the donkeys but was unable to leave their room, which was located upstairs. Attempts were made to get the donkeys upstairs, but they refused to go in the lift. However, determined that this person would not miss out, staff positioned a mirror at an angle in the person's bedroom, so they could see down into the garden from their bed. Many people told us how delighted this person had been with being included in the day's events and seeing the donkeys in the garden.

This person's relative told us, "The recreation therapist has made a wonderful impression on my family, taking care to involve them in activities, even though [family member] does not leave her room. We made Easter bonnets, participated in the raffle, and used a mirror to see the visiting donkeys from the second floor down into the garden."

The activities coordinator told us how they and the staff team were always thinking of ways to include people who were unable to get out of bed. For example, they explained how they gave careful consideration to each person's immediate environment and decorated their rooms with pictures or other items of their choosing.

In addition, where people's beds were not facing the door, the maintenance man would fit mirrors, if people wished, to enable them to see who was entering the rooms from behind them.

One person's relative told us, "The maintenance man was very helpful in installing a TV and a mirror so [family member] can see who is entering the room."

People's views were respected and people were encouraged and supported to follow their individual interests, hobbies and activities.

One person's relative told us, "Heron Lodge has improved greatly since last year. The new manager has improved the staff and recruited dear [Activities Coordinator], who keeps the residents entertained wonderfully; there was nothing before that."

We saw that people were given a monthly calendar of events and everyone was always asked and encouraged to join in with these. People who were unable, or chose not, to leave their rooms were included as much as possible in various activities and events, many of which could visit people in their rooms. For example, the Pets As Therapy (PAT) dog, The owls, miniature donkeys, local school children and the local vicar. The activities coordinator told us how all of these raised, "The biggest smiles."

One person preferred to stay in their room, rather than join others in the communal lounge. However, the activities coordinator knew from speaking with this person and their relative, that they enjoyed doing quizzes. As a way of including the person and enabling them to join in, the activities coordinator explained how they decided to try using walkie-talkies. They told us, "It was brilliant! [Name] and their [relative] joined in fully and said they really enjoyed it. We'll definitely do it again."

We were told how people living in the home had enjoyed a day trip out on the broads during the summer. In

addition to the boat trip, people also told us how everyone had particularly enjoyed the coach trip. As a result, arrangements had been made for another coach trip to see the Christmas lights at a seaside resort. People told us how excited everyone was and that the trip would include a Christmas picnic, music, party hats and crackers on the coach. The activities coordinator told us how the family members of a person who had recently passed away had offered to pay for the coach, as a thank you and Christmas gift to the home and the people living there.

We spoke with these relatives who told us, "It's a wonderful place here and all the staff are fantastic. They looked after [Name] so well, we just can't thank them enough." These relatives also told us how kind and caring everyone had been towards them also and how they still continued to visit regularly for a cup of tea and say hello to everyone. They said, "It's like an extended family; a real home from home for everyone."

People were supported and encouraged to actively contribute to their assessments and care planning. We saw that people's care plans were personalised and described the holistic care and support each person required, together with details of their strengths and aspirations. Information also explained how people could be supported to maintain their independence and what could help ensure they consistently had a good quality of life.

People's health, care and support needs were also regularly assessed and reviewed, with any updates and changes recorded clearly and accurately.

One person's relative told us, "[Family member] was in another home for just one week to give me a break. He came home from there very ill and couldn't talk or walk properly after that. Since coming to Heron Lodge he is now able to do both. I cannot tell you how wonderful all the staff are here, they have given [family member] a new lease of life."

The service took people's comments and concerns seriously and used them to help drive improvement within the service. Everyone we spoke with told us they knew how to raise any concerns or complaints and were comfortable doing so if needed. People also said their concerns and complaints were listened to and responded to appropriately and in a timely way.

One relative told us, "One thing I will say is, there's no delay in putting things right. As quick as you mention anything is wrong they [staff and management] do something about it." Another person's relative said, "If I ever have anything I'm concerned about I can speak to any of the staff and they do something about it straight away. They [staff and management] always listen and nothing is ever too much bother. It's very reassuring."

People's individual choices and preferences were kept under constant review and plans of care were amended or updated as and when required. People were reassured by knowing that any pain or symptoms they experienced would be regularly assessed and managed as the end of their life approached. Advice and input from palliative care professionals was consistently sought and people were provided promptly with appropriate support, equipment and medicines. This helped ensure they were comfortable, dignified and pain free at the end of their lives.

The service also offered care, support and reassurance to people's families and friends before, during and after their loved one passed away. The activities coordinator told us, "We attend funerals of our residents who have passed when we can. If we are unable to attend we make sure we send a wreath with a heartfelt message."

The manager and staff told us how important it was to provide each person with a high level of individualised, and truly person centred, care that was positive, caring and supportive. All the staff we spoke with told us that regardless of what stage of life a person was at, they were still a person and this was recognised, remembered and respected at all times.

The manager, other staff and two relatives recounted how a person had recently been 'fast-tracked' out of hospital and moved into Heron Lodge, to receive end-of-life care. The manager explained that, although the person was very unwell and very frail, staff cared for and supported the person to continue living as full a life as possible. In this instance the person's health gradually improved to such an extent that they were able to return to living in their own home with a personalised package of care. A relative said they believed it was because the staff in Heron Lodge had not given up on the person that they had regained the will to live and been able to go home.

Is the service well-led?

Our findings

Our last inspection took place on 11 October 2016. During that inspection we found that systems for monitoring and improving the quality and safety of the service, having regard to the accuracy of records and for seeking the views of others, were not operating effectively.

This had meant that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection on 5 and 8 December 2017 we found that improvements had been made and the provider was no longer in breach of this regulation.

Everyone we spoke with made positive comments and spoke highly of Heron Lodge and all the staff. One person's relative said, "Heron Lodge is a very homely place for both the residents and their families. I would really recommend them very highly to anyone."

We saw that the service had a clear vision and credible strategy to help ensure they continually delivered high quality care and support and achieved positive outcomes for people. We saw that there was open communication between the service and the people using it, as well as people's family and friends, other carers, staff and stakeholders.

People's views and experiences were regularly gathered and acted upon in order to shape and constantly improve the service and culture, to help ensure people experienced the best outcomes possible. For example, we noted that regular meetings were held with staff, people living in the home and their relatives. We also found the service promoted a positive culture that was person-centred, open, inclusive and empowering.

Leaders in the service had the necessary skills, knowledge, experience and integrity to lead, review and promote and maintain a positive culture and manage conflict appropriately. Staff, people using the service and their relatives told us that the service manager was motivated, caring and visible and consistently inspired staff. Staff said they felt respected, supported and valued and that their wellbeing was also promoted. Our observations and discussions confirmed to us that staff completely understood the vision and values of the service and we saw that these were embedded in everyday practice.

One person's relative told us, "I believe managers should lead by example and empower their staff to shine; [Deputy Manager] does just that, she is a brilliant manager and a wonderful nurse. Another stand out person is [Name]; she is a senior carer and people's faces light up when she is in." This person also stated, "I believe we need to clone these amazing people."

The service ensured CQC's registration requirements were met and complied with. There was a registered manager in post who told us they were fully supported by the provider and completely understood their responsibilities. The manager ensured they kept themselves up to date with any necessary changes and

communicated relevant information to the staff team effectively and efficiently.

We saw that staff took responsibility and understood their accountability at all levels. Staff knew what was expected of them in the course of their duties and said they received constructive and motivating feedback about their work from senior staff and the management team.

Staff also demonstrated how they remained constantly aware of any potential risks to people's safety. We saw how any concerns were highlighted and recorded appropriately, with clear guidance for staff to follow in order to help mitigate potential risks.

Staff told us how they were actively involved in developing the service. One member of staff told us, "We're all included and involved; we can all have our say and, it doesn't matter what your role is, we all work together. We're one big happy team; it's like a big family really."

Staff said they were supported and felt confident in questioning practice and whistle-blow if necessary. One member of staff said, "No problem at all. It's about making sure the residents are looked after properly. I wouldn't hesitate in reporting anything if I saw something that was wrong."

We noted that the service had strong links with the local community and we saw how this had a positive impact on the lives of the people living in the home. For example, there were regular visits from students from the local high school, the local church and clergy, as well as involvement with local healthcare services, businesses and providers of various entertainment and activities.

The service accessed resources & support in order to develop the staff team and constantly drive improvement. We noted that clinical governance and current guidance was followed to help ensure the service had a systematic approach to maintain and improve the quality of care provided.

We saw that there were effective quality assurance systems in place and information technology was also used to help monitor and improve the quality of care. Lessons were also learned from outcomes of investigations, incidents, accidents, complaints and compliments and these further helped drive improvement. In addition, the service ensured that success was recognised and encouraged.

The service worked openly with other services, such as the local authority's safeguarding team and Clinical Commissioning Groups (CCG). Appropriate information and assessments were shared with other relevant healthcare professionals and agencies. This helped ensure people using the service benefitted from 'joined up' and consistent care.

For example, the hospital discharge coordinator told us, "[Manager] will ensure she spends time with our team here liaising and giving feedback of her outcomes. [Manager] is a well-known character within the hospital and attends any Care Home forums we hold and ensuring she keeps herself informed as to what is going on within the hospital."