Caring Homes Healthcare Group Limited

Heffle Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Heffle Court is a residential care home. There were 37 people living there at the time of the inspection. The service specialises in providing nursing and care to older persons who are living with dementia, some of whom may show challenging behaviours. Some of the people were also living with a range of care needs, including arthritis, diabetes and heart conditions. Most people needed support with their personal care and mobility.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

People's experience of using this service:
• Staff had a good understanding of the risks associated with the people they supported. Risk assessments provided further information for staff. People were protected from the risks of harm, abuse or discrimination. Staff ensured they considered a range of areas to reduce people's risk of harm. This included making sure people's arms were fully protected when moving people using hoist slings and by making sure people sat on their own pressure relieving cushions in the lounge.
• If a person did have an accident or was involved in an incident, records were clear and, where relevant, there was 24-hour follow-up to review how they were.
• People were supported to take their medicines when they needed them. Records relating to medicines were clear, this included where people where prescribed medicines like Warfarin, where the dose can vary over time.
• There were enough staff on duty to ensure people received the support they needed. For example, the activities worker told us there were enough staff deployed to ensure people received the support they needed when they took people out on trips in the service's minibus.
• Staff were supported and provided with the skills they needed to meet people's needs, this included recent training in reporting and recording skills.
• People were supported in the way they needed to eat and drink. All meals, including liquidised meals, were attractively presented. All staff had been trained in supporting people who needed textured foods.
• Staff followed national guidelines on meeting people's needs and had good relationships with GPs and other external professionals. For example, all staff on the residential floor had a good understanding of supporting people who were living with diabetes, this also included training and supervised practice on giving people insulin injections.
• Staff were aware of their responsibilities under the Mental Capacity Act (MCA) and Deprivation of Liberties Safeguards (DoLS).
• Staff were very aware of the importance of gaining consent from people before they supported them. For example, one person was leaning to one side in their chair and looked uncomfortable. The member of staff sought their permission to place a cushion on that side of their body, so they were not leaning too far. The also explained what they were doing and why.
• There was a relaxed atmosphere, with people who were able to, walking about as and when they wanted, choosing where to sit in sitting rooms.

• People had positive interactions with staff. For example, one member of staff was sitting with two people at a table, there was lots of laughter and engagement between the three of them and all three clearly enjoying each others' company.
• Staff were always polite to people. One person came out of their room suddenly, the member of staff who was passing the person's room pushing a trolley, stopped and said, "Did I startle you, I am sorry."
• One person was confused about where they were, the time and day of the week. A member of staff held a calm relaxed conversation with them, orientating them to what was happening and where they were.
• People had clear care plans which outlined how their needs were to be met, in a person-centred way.
• Staff sought people's permission to be involved with activities and supported them with engagement.
• The registered manager was keen to develop a range of ways to receive people's opinions about the care they received.
• The registered manager was experienced in their role and open to new ideas. Her values included the promotion and improvement in the lives of people who were living with dementia in a way that suited each individual.
• The registered manager was supported by senior staff who were keen to innovate and develop care practice; they also actively supported more junior staff.

Rating at last inspection:
Good (report published 16 September 2016)

Why we inspected:
This was a planned inspection based on the rating at the last inspection.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was exceptionally caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Heffle Court

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of one inspector.

The service is required to have a registered manager:
The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The service type:
Heffle Court is a 'care home'. People in care homes receive accommodation and nursing or 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. Heffle Court can accommodate up to 41 people in one building; care was provided over two floors.

Notice of inspection:
We did not give the provider any notice of this inspection.

What we did:
Before the inspection we reviewed the information, we held about the service and the service provider, including the previous inspection report. The registered 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 notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law. We contacted the Local authority for their opinions of service provision.

During the inspection we spoke with:
• 14 people and observed care and support given to people in the dining and sitting rooms.
• As some people were not able to tell us their views of life at Heffle Court, we used the Short Observational Framework for Inspection (SOFI) in both of the main sitting areas of the home. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.
• One person's relative/visitor.
• 12 members of staff
• Six people's care records
• Records of accidents, incidents and complaints
• Four staff recruitment files and training records
• Audits, quality assurance reports and maintenance records

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• People were protected from risk of abuse. For example, one person showed verbally abusive behaviours. Staff responded to them in a calm and supportive way which reduced risks of their behaviours escalating. They also made sure the person and other people were safeguarded throughout the time they and the person were together in the lounge.
• Staff at all levels were aware of their responsibilities for safeguarding people. One of the ancillary workers told us if they raised a safeguarding issue, management would, "Absolutely, listen to me." A newly employed care worker knew about their responsibilities for safeguarding and told us if they felt their concerns had not been dealt with appropriately by their manager, "I'd go higher."
• The provider had a safeguarding policy which was readily available for staff to follow.
• Where issues had been identified, documentation was clear and showed management had worked with relevant organisations to ensure appropriate outcomes were achieved for people.

Assessing risk, safety monitoring and management
• People had clear risk assessments which provided guidance for staff to follow. Risk assessments contained information about both individual and environmental risks. These included risks associated with people's mental and physical health, behaviours that may challenge and risks associated with the home environment. For example, where people needed to be supported to move using a hoist, staff made sure each person had a hoist sling which had been correctly fitted to meet their individual needs. Hoist slings were used only for the person named on the sling.
• Staff told us how they supported people in reducing their individual risks. For example, one person had been assessed as being at high risk of developing pressure wounds. All of the staff we spoke with knew how they reduced the person's risk, including the correct use of equipment. This was supported by clear care plans and full records of support given to the person.
• Where a person's condition changed, their risk assessments were up-dated. For example, one person's risk assessment showed they had been losing weight, their care plan had been reviewed and up-dated, including support from external healthcare professionals, to ensure their risk was reduced.
• Staff were aware of potential risks from people who lived with behaviours which may challenge. They were aware of how to appropriately support people, in the way they needed. For example, one person shouted loudly that they were not going to the dining table for lunch. Staff supported the person in a professional and friendly way. They told us the person responded well if they let the person calm down for a period of time, rather than repeating any request. We saw that shortly after, when the person was calmer, they were eating their lunch at a dining table in a relaxed way.

Staffing and recruitment
• There were enough staff on duty to meet people's needs. Staff were readily available to support people

when they wanted it. This included busy times like mealtimes, when there were enough staff to support people who needed assistance with eating or drinking.
• Because there were enough staff, they could support people in an unhurried way. For example, a person called a member of staff over to them at a busy time of day, the member of staff came without rushing, listened to what the person said, taking time to check back with the person about what they were saying, before they provided the support the person wanted.
• Staff told us there were enough staff and although agency staff were needed at times, this was infrequent and the same regular agency staff were always employed.
• The registered manager regularly reviewed staffing levels, this included using a dependency tool. This tool showed people's dependency needs were increasing, however the number of staff on duty continued to be enough to meet people's increased needs.
• There was a robust recruitment process to ensure staff were suitable to work in a care environment. For example, one potential member of staff's records showed issues which needed consideration about their suitability. A full risk assessment had been completed, this identified there were no risks to people associated with their employment.

Using medicines safely
• Staff supported people with taking their medicines in a safe way, following national guidelines. We saw a care worker supporting a person in taking some pain killers in a safe and sensitive way.
• Staff knew how people wanted to take their medicines. For example, a member of staff told us one person liked to get up late and did not want to take their tablets until they were fully awake. Staff respected this person's choice.
• Medicines were stored safely and securely. There were full records of medicines received into the home, given to people and disposed of.
• Where needed, there were records to show people who needed regular injections or who used pain patches had the sites rotated, to prevent risk of tissue damage.
• Where people were prescribed medicines 'as required' (PRN), they had clear records which set out when they would need such medicines and why. For example, one member of staff told us when and how often a person needed mood-altering medicines, what they told us was fully documented in their records.

Preventing and controlling infection
• The home was clean throughout, including hard to reach areas such as the undersides of bath hoists and raised toilet seats.
• The laundry worker was very aware of their responsibilities for preventing risk of infection and told us all staff followed the provider's policy, when sending soiled items to the laundry.
• Where people needed to use catheters, they had clear care plans. Significant areas relating to personal hygiene and care of their catheters were included in people's care plans. Records showed staff were following people's care plans. This reduced people's risk of infection.

Learning lessons when things go wrong
• Staff took appropriate action following accidents and incidents to ensure people's safety, and this was recorded. One person had sustained a skin tear on their arm. Staff had investigated how this had happened and had identified a piece of equipment which may have caused the person's injury. They had ensured the equipment was made safe, while they reviewed if the equipment needed changing, to reduce the person's risk of further injury.
• The records of one fire drill showed some staff had not performed as anticipated. It was clear actions had been taken to improve staff performance and there were follow up actions planned to ensure the improvements had been fully embedded. Staff we spoke with were fully aware of their responsibilities for fire safety.

• The registered manager regularly reviewed all accidents and incidents, to identify any trends, for example if certain accidents were more common at certain times of day. The latest accident analysis showed no identifiable trends.
• Where staff were involved in incidents, for example when a person showed physical aggression to staff, clear records were maintained and the registered manager followed such matters up to ensure staff and others were not put at risk by such incidents.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were appropriately assessed. We met with a person who had been recently admitted. Their needs had been fully assessed before they were admitted, to ensure the service could meet their needs. After the person's admission, a further need had been identified which had not been identified by their previous care provider. The person's records showed they had been referred to an appropriate healthcare professional, within 24 hours of the need being identified.
• Some of the people lived with diabetes. They had clear care plans which showed the service were following guidelines on the care and treatment of diabetes. All of the staff we spoke with had a full understanding of risks to people from their diabetic condition.
• The service held monthly meetings so they could identify people who were at risk due to their nutrition or hydration. These meetings involved key staff such as the chef. This meant people who needed additional support were promptly identified and regularly monitored, to ensure guidelines on nutrition and hydration were followed.

Staff support: induction, training, skills and experience
• The service had a training plan to ensure all staff understood their roles and had the skills they needed to support people. Training included supporting people who were living with dementia. Observations showed staff training in dementia was fully embedded. One person showed verbal aggression towards a member of staff. The member of staff responded to the person's challenging behaviours appropriately and remained polite and supportive all the time they were with them.
• Newly employed staff were positive about the service's induction. One newly employed member of staff told us, "I've done all the training," they said they had shadowed a more experienced member of staff until they felt, "Comfortable." Records showed the provider's induction programme followed current guidelines on staff induction.
• Staff said they were supervised in their roles. One member of staff told us, "I feel fully supported." Senior staff supervised junior staff. For example, one registered nurse, reminded a care worker that they had not documented the care they had given to a person earlier in the day, advising them why such matters needed to be promptly documented.
• Registered nurses told us they were supported in developing their skills in a wide range of areas, including catheter care and wound care.
• The registered manager had systems which enabled them to identify which members of staff needed training or support and in what areas. These included a 'traffic lights' system, so she could identify who would become due for further training or support in the near future.
• Competency frameworks for registered nurses had been recently introduced, to enable assessment of whether registered nurses continued to maintain their clinical skills. The registered manager reported they

were starting with the newly employed registered nurses and would then move on to the rest of the registered nurses.

Supporting people to eat and drink enough to maintain a balanced diet
• Staff supported people with eating and drinking, helping them to make choices as much as possible. For example, at mid-morning in one sitting room people all had a range of different drinks of their choice provided, this included one person who had milk, another person who had a milk shake, as well as people who chose tea, coffee or juice.
• People were supported in making meal choices in a wide variety of ways, this included written and pictorial menus, as well as staff sitting with people showing or describing what the meal choices were. If a person decided they wanted something different after they had made a choice, a different meal was provided. For example, one person - chose an omelette and salad at lunchtime but changed their mind to the casserole; they were given what they wanted.
• Staff supported people appropriately in the ways they needed at mealtimes. One person lost concentration during a meal, this was promptly noticed by a member of staff and they were supported in eating their meal while it was hot. Another person suddenly got up from the table and walked away. This was observed by staff, the person said they did not want to eat at that time, so staff ensured they could still have their meal a little later, when they were ready.
• Some people needed physical assistance from staff to eat their meals. One care worker supported a frail person who could not open their mouth wide, who also experienced involuntary movements. The care worker sat with them, working round the person's involuntary movements, giving them small amounts to eat, checking they had swallowed each mouthful, before offering them more. The care worker gave the person the time they needed, the person's reactions showed they clearly did want to eat their meal and were enjoying it.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support
• Staff supported people with receiving appropriate health care support so their needs were met. For example, staff told us about a person whose needs had recently changed, this was fully documented, including referrals and initial reports from the person's GP.
• The service worked with a range of other healthcare professionals. For example, one person had a complex wound. The service had worked closely with the tissue viability nurse about care and treatment of the person's wound. Records showed staff followed the tissue viability nurse's advice. • Staff told us about a person who had a long term medical condition and how, with support from external healthcare professionals, this condition was gradually stabilising. What they told us was fully reflected in their records.

Adapting service, design, decoration to meet people's needs
• The service had put much work into improving the environment to ensure it followed current guidelines on supporting people who are living with dementia. All of the corridors had been decorated in a range of scenes, to reflect the locality, so one looked like a small town high street, another, a cottage garden. This meant people could orientate themselves round the building more easily. Alcoves in corridors had been used to create different themed areas. For example, one had been set out like a small 'front room' in a terraced house, another as a seaside and beach area.
• All parts of the service were wheelchair accessible, including the garden.
• The design of communal rooms meant that noise did not travel, so if a person was showing noisy behaviours, this was not reflected off the walls or celling to further increase noise and potentially disturb people.

Ensuring consent to care and treatment in line with law and guidance

• The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• A newer member of staff told us they had been trained in the MCA. They told us how important they had found seeking consent from people to be, when providing to people. Staff consistently sought people's permission when providing care. For example, we saw staff supporting a person to move using a hoist, they explained to the person in small steps what they were going to do throughout the time they were assisting them, seeking their consent at each stage. Staff were also happy to repeat information as often as people wanted them to when the person forgot or lost concentration.
• Some people needed to be given their medicines in a covert way. Where this was the case, best interests meetings had been held; these were recorded. Best interests meetings included key professionals like the pharmacist, who gave advice on if the medicine remained effective when given in a disguised way with certain types of food.
• People had full assessments of their mental capacity, these were decision specific. Several people were subject to a DoLS. Where this was the case, the registered manager maintained a record to show when a person's DoLS had been applied for, when it had been granted and when it was due for renewal. DoLS information documented key areas, including invasive treatments for people, such as the use of urinary catheters or insulin injections.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were respected and valued as individuals; and empowered as partners in their care.

Ensuring people are well treated and supported; equality and diversity
• One person told us, "I'm new to here, I'm very pleased with it," and another, "Everybody is so helpful." As many of the people found difficulty with telling us what they thought about the service, we also made observations of the care provided.
• There was a strong, visible person-centred culture. One person had a very distinctive local accent. Staff knew about where the person came from and their family background which had led to them coming to this part of the country. One member of staff was familiar with the town where the person came from, they had a discussion with them, talking about different roads in the town, asking them for their recollections of the parts of the town they were talking about and listening to what the person said with interest.
• Staff in all roles were highly motivated and offered care that was compassionate and kind. Several of the people showed complex behaviours that challenge, including shouting at staff in a verbally abusive way. Staff remained professional, kindly and caring throughout such episodes; this enabled people to calm down quickly. After such incidents, conversations continued between the member of staff and the person in an open and friendly way.
• The family-type approach of the service encouraged all staff to have 'elevenses' with people. One domestic worker sat and chatted with a person in their own room at 11am. The chef walked alongside a person in a corridor chatting about matters of interest to the person, in a relaxed, friendly way.
• Staff demonstrated a real empathy with people. One member of staff told us with pride about two different people's past backgrounds, celebrating their achievements in their lives and also showing a full understanding of how complex it must be for the person to have reached a stage where they needed support, particularly with their personal care.
• One person's condition had changed and they now needed to spend most of their time in bed. Staff told us they had been concerned about the person's risk of increasing isolation. They had sought permission from the person and their family to move their room to an area outside one of the sitting rooms. Staff told us the person was able to engage more with their surroundings because they were now able to hear and see what was going on, in this busier area of the home.
• People's families were supported to be as engaged with people in the way they wanted to be. Staff told us how important it was to work with people's families, so they could continue to support their loved one in the way which met all of their needs. At lunchtime, one person's relative was involved with supporting their relative and also engaged with other people, in a friendly understanding way.
• Staff were also sensitive to times when people and their families needed caring and compassionate support. One senior member of staff showed much empathy with people's families, describing how hard it must be for them, having to come to terms with changes in their loved one. They said they saw supporting people's relatives as a key part of their role.

Supporting people to express their views and be involved in making decisions about their care.
• Staff used a variety of innovative and creative ways to communicate with people according to their needs, some of which included new technologies. One member of staff discussed with a person a brass band they used to play with. They used a hand-held computer to show the person their band and the types of music they now played. The person smiled and responded well to this involvement.
• Staff made sure people received the support they needed and wanted, and were particularly skilled when trying to resolve any conflicts and tensions. One person remained sitting at a table after a meal, they became agitated when the member of staff wanted to take the used plates for washing up. The member of staff sat down with the person, had a chat, laughing and joking in a relaxed way with the person, offered them a cup of tea and again asked the person's permission to remove the used items. The person was now happy for the member of staff to do this.
• Staff told us some people's needs increased so they needed to be moved from the residential floor to the nursing floor. When this happened, they made sure people's consent was sought and discussions took place with all parties involved. People were supported to visit the nursing floor to get to know their new room and staff before they moved. They also could come back down to the residential floor when they wished, for example to go to particular activities they enjoyed. Staff told us, due to this gradual approach and full involvement of each person, transfers to the nursing floor did not lead to people becoming distressed.
• Staff supported people in day to day care, so people felt involved in making choices. One member of staff discussed with a person at length if they wanted to go to the lounge at that time or later, so the person felt fully involved in deciding. One person loudly said they had finished their drink, although they had plenty left in their cup, the care worker did not dispute this with the person, but took it away from them as asked. This meant the person was happy to have another drink when offered later in the day because of their involvement on the earlier occasion.

Respecting and promoting people's privacy, dignity and independence
• Respect for privacy and dignity was at the heart of the service's culture and values and was embedded with staff. Where people needed aids for their continence, these were discretely stored in their rooms, so they were not immediately visible to people's visitors. All people's own possessions, including their own wheelchairs and walking aids were named and used only for them. Although this was a home which specialised in dementia care, where people might have difficulty in identifying their own clothes, the way people's own laundry was managed meant there were very few un-named clothes in the laundry.
• Staff actively encouraged people with their independence. One member of staff came excitedly into the office to report to the registered manager on improvements in a person. The person had been admitted to the home recently and so was unfamiliar with the environment, due to this, they had not felt prepared to walk and had insisted on using a wheelchair. They had now with encouragement from staff, stood up and walked a few steps. The member of staff's attitude showed a positive attitude towards the person's development of their independence, now they felt more familiar with the service.
• Staff anticipated people's needs and recognised people's distress and discomfort. One person was in bed for much of the day, staff said the person had found difficulty in sleeping the night before and had been tired out by walking about for much of the night. Staff said the person needed to rest and calm before they were supported in other ways. Later in the day, the person was up, dressed and enjoying a late meal. Staff told us they were starting discussions with external healthcare professionals about the person's disorientation at night, which was a new feature of their care needs.
• There was an equality, diversity and human rights approach to supporting people's privacy and dignity; this was well embedded in the service. One person repeatedly asked staff why they were in the service. Staff remained friendly, answering the person's questions factually and honestly, involving the person as much as possible and not avoiding the person's repeated questions.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• Staff responded to people and met their needs in a responsive way. Many of the people needed assistance with moving about. On each occasion we saw staff supporting people to stand up from chairs, they advised the person what actions they needed to take to stand up. They supported the person at their own pace, taking time to help the person in the way they needed, with no feelings or rush and with kindly, supportive verbal encouragement throughout.
• Staff communicated effectively with each other to ensure people's needs were responded to. One of the more junior staff who had been delegated to support a person to eat, promptly told a more senior member of staff how little the person had eaten, so their care for the rest of that day could be responded to.
• People's care plans were regularly reviewed. For example, one person needed support with all aspects of their personal care, their care plan fully reflected their individual current care needs.
• Where people lived with behaviours which may challenge, they had clear care plans which directed staff on how to actively support the person and manage any complex behaviours. Staff followed these care plans and showed a positive response to people when they needed additional support. As a result, people were calm and engaged; any occasions of more complex behaviours were managed responsively and did not last for extended periods.
• The provision of activities for people was regarded as a key area. All staff, not only the activities worker, were involved in supporting people with engagement. One member of staff was supporting a person on a one to one basis, so they could also engage in activities.
• One person who remained in bed all the time had a sensory machine which showed images for them to look at on the ceiling of their room.
• Staff considered how to meet people's diverse needs, this included staff making sure people who had impaired vision could continue to be involved in activities by use of large type/letters or by a member of staff sitting with them helping them to engage.
• The activities provided involved supporting people with day to day activities which they might have engaged with in their past, for example a small group of people were supported in making cakes, using real ingredients, for them to enjoy later on.
• The activities worker said as well as finding out what people had enjoyed being involved with in the past, they also observed people to see what they liked now. They told us they would try out differing activities, seeing what worked for the person, making changes in the person's care plan, depending on the findings of these reviews. For example, one person expressed an interest in visiting certain places in the minibus but observations showed the person preferred shorter and quieter activities, because they became distressed by longer, more loud activities.
• Staff told us they had good support from local churches to support people with spiritual engagement. Staff knew people's individual needs. For example, although one person's past records showed they had been engaged with one religion in the past, they had told staff they no longer wished to be involved. Staff said

they respected the person's current wishes and did not seek to involve them, because they no longer wished to do so.

Improving care quality in response to complaints or concerns
• The provider had a complaints policy which ensured complaints received by the service were recorded, investigated and responded to.
• The service had not received many complaints. Records we reviewed were clear, showing the service followed its own policy. If any issues were identified, actions were taken to address the matter.
• The registered manager told us they were aware they did not receive many complaints or comments on service provision. She had reviewed alternative ways of receiving such matters and had introduced suggestion boxes on each floor where people could post comments, anonymously if they wished.
• The minutes of residents' meetings showed people felt able to bring matters up, where they did, action was taken. For example, one person had raised issues about the availability of tea at night. Records showed this matter was being followed up to make sure people could have cups of tea when they wanted during the whole 24 hour period.

End of life care and support
• The service was not providing anyone with end of life care when we inspected.
• Staff told us they had supported people at the end of their life in the past. One member of staff told us about the importance of supporting people's families at such times.
• Staff told us about the helpful support they received from the district nurses and the local hospice when a person was at the end of their life.
• Where people had difficulties with indicating when they were in pain, staff had a good knowledge of people's individual pain management needs. Staff said they used signs like people's facial expressions and changes in the person's mood or behaviour to identify if the person was in pain, but were finding difficulty in expressing it verbally. All this could be documented on a record and regularly reviewed.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in August 2016. This key question as rated as Requires Improvement. This was because the provider had not considered all relevant areas in their future plans for the environment, including furnishings, in relation to people who were living with dementia. At this inspection, we found the service had taken steps to address this. Therefore, the rating for this key question has improved to Good.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Since the last inspection, the provider had ensured their developments to the home environment had fully considered the needs of people who were living with dementia. Many of the developments, in particular the corridor areas of the home, followed research-based guidelines on creating an environment which supported people who were living with dementia.
• There were regular audits of the quality of care, these were by senior managers from the provider as well as the service's own internal audits. Where matters were identified, action was taken, for example a recent audit had identified issues relating to documentation around consent where people needed to be given their medicines covertly. Staff outlined actions being taken to address this.
• Senior staff acted as role models for more junior staff, this included senior staff being fully involved with supporting people to enjoy their meals at mealtimes.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• The registered manager planned and delivered person-centred, high-quality support to achieve positive outcomes for people. This considered all aspects of people's lives, and ensured support reflected people's individual needs and choices. One member of staff told us, "It's so rewarding here."
• The registered manager understood their responsibilities for duty of candour and took the appropriate action to inform all the relevant people when incidents occurred, this included when people showed behaviours which may challenge.
• Staff told us the registered manager was supportive and approachable. One member of staff told us the registered manager, "Definitely listens to us."
• All staff, at all levels were actively involved with supporting people with engagement in activities, so people's engagement continued throughout their day to day care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Staff engaged people and supported them to be involved with service delivery. Staff told us how

supporting people with choice at mealtimes was an area which they reviewed all the time, to ensure they met people's individual needs and responded when people's needs changed.
• Staff felt they were involved. One member of staff told us, "I look forward to coming to work." Another told us, "I love it here."
• Staff meetings were held regularly and minutes were made available to all staff, including those who were not able to attend. Meetings were used to discuss relevant matters, like the provider's policy on the use of staff personal mobile phones when they were on duty, to ensure staff were aware of their own responsibilities.
• The staff noticeboard showed a range of information, including emergency contingency plans, training opportunities and how to raise safeguarding alerts. All information was up to date and pinned to the boards in an orderly way, so staff could access information easily.

Continuous learning and improving care
• Management and staff were open to ideas and keen to further develop the care provided. One of the senior care workers told us about using the range of guidelines available on supporting people who were living with dementia to reduce risks of disengagement, by promoting their active involvement in home life, this was all based on each person's individual care needs.
• Senior staff were also aware that care was improved by considering the needs of care workers. During the day, one person was receiving one to one care, they were showing challenging verbal behaviours. Senior care workers ensured staff were not left for extended periods to support the person. This meant the individual member of staff did not become stressed and reduced the risk of them not supporting the person in the way they needed.

Working in partnership with others
• The registered manager told us they used their Facebook page to seek support in the local community. They told us the local response had been good, particularly when they requested support with individual fundraising activities, for example in their garden.
• The service also had close links with local churches and one of them ran a tea shop for people every Monday.
• The registered manager told us they were trying to foster links with a range of age groups to diversify involvement with the service. There were plans for a pre-school group to start visiting the service in the spring.
• All staff told us about their good working relationships with local GPs and other healthcare providers. Information CQC received from the Local Authority about the service was positive.