

Coate Water Care Company (Church View Nursing Home) Limited

Westley Court Care Home

Inspection report

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Website: www.coatewatercare.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 11 and 12 May and was unannounced. Westley Court Care Home provides accommodation and nursing care for up to 33 older people. There were 30 people who were living at the home on the day of our visit.

There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People lived in a safe environment as staff knew how to protect people from harm. We found that staff recognised signs of abuse and knew how to report this. Staff made sure risk assessments were in place and took actions to minimise risks without taking away people's right to make decisions.

There were sufficient staff on duty to meet people's needs. People told us that staff helped them when they needed assistance. Regular reviews of people's care and deployment of staff meant staffing levels were reviewed and reflected the needs of people who lived there. People's medicines were administered and managed in a safe way.

The registered manager supported their staff by arranging training and up-skilling staff in order to provide care and support to people that was in-line with best practice. People and relatives told us of the positive benefits this had on the care and support received. Staff were equipped with the skills and knowledge to provide effective care and support for those who could not always verbalise their needs. People received care and support that was in-line with their needs and preferences. Staff provided people's care with their consent and agreement. Staff understood and recognised the importance of this. We found people were supported to eat a healthy balanced diet and with enough fluids to keep them healthy. We found that people had access to healthcare professionals, such as the dentist and their doctor when they required them and were supported to hospital appointments.

We saw that people were involved in the planning around their care. People's views and decisions they had made about their care were listened and acted upon. People told us that staff treated them kindly, with dignity and their privacy was respected. Staff supported people with decisions around their end of life care and provided people with support from local hospices to further enhance their end of life care.

We found that people knew how to complain and felt comfortable to do this should they feel they needed to. We looked at the providers complaints over the last 12 months and found that no complaints had been received.

The registered manager demonstrated clear leadership. Staff were supported to carry out their roles and responsibilities effectively, which meant that people's received care and support in-line with their needs and

wishes.

We found that the checks the provider completed focused upon the experiences people received. Where areas for improvement were identified, systems were in place to ensure that lessons were learnt and used to improve staff practice.

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.

People were cared for by staff who had the knowledge to protect people from the risk harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had knowledge, understanding and skills to provide support in an empathic way.

People were provided with food they enjoyed and had enough to keep them healthy.

People received care they had consented to and staff understood the importance of this.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were committed to providing high quality care.

The staff were friendly, polite and respectful when providing support to people.

People's relatives and friends were really satisfied with the staff and the high standard of care they provided.

Relatives spoke positively about the end of life care at the home and the access they had to further support.

Is the service responsive?

Good ●

The service was responsive.

People received care that was responsive to their individual

needs. People's concerns and complaints were listened and responded to.

Is the service well-led?

The service was well-led.

People were included in the way the service was run and were listened too. Clear and visible leadership meant people received good quality care to a good standard. Staff were involved in improving and developing the service.

Good ●

Westley Court Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 11 and 12 May 2016 and was unannounced. The inspection team consisted of one inspector.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

Many of the people we spoke with were not able to tell us in detail about their care and support because of their complex needs. However, people were happy to talk with us about their previous lives and we observed how staff engaged with people throughout our visit. 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 with us

We spoke with six people who used the service and five relatives. We spoke with an advance care planning practitioner from a local hospice. We also spoke with six care staff, one activities co-ordinator, deputy manager who is also a nurse, the operations manager, the operations director and the registered manager.

We reviewed two people's care records. We also looked at provider audits for environment and maintenance checks, compliments, incident and accident audits and staff meeting minutes.

Is the service safe?

Our findings

All the people we spoke with who lived in the home told us they felt staff protected them from harm. One person told us how the staff provided 24 hour support and were always there when they needed them. Another person told us how staff supported them in a safe way by having specific training to safely support them with a particular health care need. They said, "Staff sought the right advice before caring for me. They didn't just get on with it, they made sure they were trained first, that made me feel safe". Another person we spoke with told us they felt safe as they always had their call bell within reach and said, "They answer the bell very quickly". Staff supported people to feel safe, for example, one person we spoke with told us how they preferred the bed side rails to be up as they were "worried about falling out of bed". They told us that staff respected their decision as it helped them to feel safe when resting in bed.

All the relatives we spoke with felt their family member was safe living in the home. One relative told us, "[Family members name] is safe and well looked after". Another relative told us that when their family member became upset the staff gave their time to support them. They said, "They provide them with the security they need, they ease their agitation when they become distressed". Three relatives we spoke with expressed how they did not worry about their family member's safety, as they had the confidence in the staff to keep them safe from harm. One relative said, "I don't worry, I don't feel I need to be there all the time to make sure they are doing what they should be doing".

All the staff who we spoke with showed a good awareness of how they would protect people from harm. They shared examples of what they would report to management or other external agencies if required. One staff member told us about the safeguarding training they had received and how it had made them more aware about the different types of abuse. We found that safeguarding information was on display at the home. We found the registered manager had a good awareness of the safeguarding procedures and worked with the local authority to ensure people were kept safe.

People's individual risks had been assessed in a way that protected them and promoted their independence. For example, one person had been assessed to be at risk of falls. The person told us staff made sure they always had their walking frame to hand and a system in place that alerted staff when they got up. They said staff supported them when they needed support and this made them feel safe. They continued by saying how they also received support from an external healthcare professional to improve their mobility. They felt the staff had supported them to put this in place, encouraged them and worked with them to complete the exercises that had been recommended to them. The person's relative said, "Staff are helping [the person] build their confidence and independence, so [the person] can return home quicker to us".

All the people we spoke with told us they felt there was enough staff on duty to keep them safe. One person told us, "They answer the bells quick enough". Another person said, "They always come to me when I press the call bell". We saw staff answered call bells promptly and responded to people's requests immediately. All relatives we spoke with told us that there were enough staff to meet their family member's care needs. One relative we spoke with said staffing had remained at a good level. They said, "I can see at weekends

there are visibly more staff". Another relative said, "They are always busy, but staff always take the time to say hello, there is always a staff member around to talk to". A further relative told us how staff had the time to support their family member who lived with a dementia related illness. They said, "I have seen staff lying on the bed with [family member's name] watching television with them. They lie with [the person's name] as it makes them feel secure knowing there is someone there when they feel agitated and confused". We saw staff did not hurry people and allowed people to do things at their own pace. There were staff within the communal areas and they responded promptly to people's requests for assistance.

All staff we spoke with told us they felt there were enough staff on duty to support people. One staff member said, "The staffing levels change upon people's dependence and staff working times are more flexible, for example, we have the twilight shift, which is a big help". The staff member continued to say how the twilight shift helped them. They said, "It gives us more time in the afternoon to spend with people to support them in the right way". Staff we spoke with told us they felt the staff team were stable and that everyone worked together as a team. All staff we spoke with said the registered manager was visible within the home and felt that they had good knowledge and understanding of people's care needs in order to put appropriate staffing levels in place.

The registered manager consistently reviewed staffing levels and made adaptations where people's dependency needs changed. The registered manager told us that senior care staff had been trained in medication so that during busier periods of times within the home senior care staff were able to support the nurses with medication so people always received these in a timely way.

All people we spoke with did not have any concerns about how their medication was managed. One person said, "My medicines are on time and they always ask if I need any pain relief". A relative we spoke with told us the staff ensured the person had taken their medicine before they left the person. We spoke with a staff member who administered medication. They had a good understanding about the medication they gave people and the possible side effects. They showed good awareness of safe practices when handling and administering medicines. For example, when one person asked the senior care staff member for pain relief, they checked the person's medication chart and informed the person when they were next able to take the pain relief medication. The senior care staff member informed the nurse who ensured the person was administered the medication at the correct time, without delay. We found people's medication was stored and managed in a way that kept people safe.

Is the service effective?

Our findings

People we spoke with felt staff knew how to look after them well and in the right way. One person said, "They are very good at caring for me and they look after my wellbeing". Another person said, "They have managed my care very well, they have good communication so all the staff know what they are doing for me". A further person told us how helpful and knowledgeable the staff were, they said, "They know what they are doing, and have confidence with it as well".

All relatives we spoke with told us staff were knowledgeable about people's care needs. One relative we spoke with felt people received good care as staff knew their family member as an individual. They said, "The senior care staff can spot small signs of deterioration in [the person's name] health. They certainly have that intuitive care". Another relative we spoke with told us the staff were, "Absolutely wonderful, they recognise the support [the person's name] needs, they are safe and well-looked after". A further relative told us how much the person's physical and mental health had improved since their family member had come to live in the home. They said, "Within a few weeks [the person's name] was up, dressed and out of bed, [the person's name] really appreciates it, and I have noticed their mood has lifted".

Staff told us the training they had was useful and appropriate to the people they cared for. All staff we spoke with told us that they did training that was hands on and tailored to people's individual needs. One staff member said, "The training is good, it gives you more understanding to people's frustrations and makes you more empathetic".

A further staff member told us about the training they had received to enable them to recognise and read pain in people who are unable to express this verbally. They told us this meant they were able to keep people comfortable and pain free as possible. They said, "It is something that you know, but until someone explains it and shows you how to use that information to benefit the person". They told us that with this knowledge they were able to effectively utilise the Abbey Pain Scale, which is a tool that is used for measuring pain levels for people who live with a dementia or who cannot verbalise their pain. Staff we spoke with were able to demonstrate how they put their knowledge into practice to ensure people were comfortable and free from pain. A relative we spoke with said, "I know that [The person's name] is very comfortable".

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 we spoke with told us staff sought their agreement before carrying out any personal care and staff respected their wishes. One person said, "They always give me options and choices in everything". They went on to say that staff respected their wish to stay in their room and said, "They always offer for me to see the entertainment, which I sometimes go to, but I prefer to stay in my room and staff do not push me on it".

Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. Staff told us they always ensured people consented to their care. Through our conversations with staff it was evident staff knew people well. One staff member was able to explain the person's preferences, knew what they liked and what they did not. They told us, "I know what [the person's name] doesn't like, but we always offer them the choice in-case they have changed their mind". We saw that people's capacity was considered when consent was needed or when risk assessments were carried out. We found the registered manager ensured people received care and treatment that was in-line with their consent.

People can only be deprived of their liberty to 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 service was working within the principles of the MCA.

The registered manager had a good understanding of the MCA process and reviews had been completed for people where it had been identified that they lacked capacity. The registered manager was aware of the Deprivation of Liberty Safeguards (DoLS) and told us that some people who lived in the home had their liberty restricted lawfully. They had taken steps to determine who had legal responsibility to make decisions for people where they lacked capacity to make them. The registered manager had made applications to the local authority where it was assessed that there were restrictions on people's liberty.

All people who we spoke with told us they enjoyed the food at the home. One person said, "The food is very good. I always have a choice of different dishes". Most people chose to have their lunch in their bedrooms. We saw where people did choose to eat in the dining room staff ensured people had enough to eat and if they were happy with their meal. A relative told us, "[Person's name] likes the food, they have enough to eat, they have biscuits in their room but they haven't eaten them, so I assume that [person's name] is full enough". They continued to say, "Their weight has been stable since they have been here". Where people requested more food throughout the day we saw those requests were always responded to. The registered manager told us the provider had made plans to re-furbish the kitchenette areas which were in the dining rooms to further improve the dining experience for people as people would be able to make their own drinks and where able prepare some snacks.

We saw people were offered hot and cold drinks throughout the day and staff ensured people had drinks to hand or supported those to drink where they needed assistance. We spoke with staff about what steps they took to ensure people received adequate fluids. Staff told us people had been assessed for their risk of dehydration. Where this had been the case, individual fluid charts were drawn up and tailored to each person. The fluid monitoring charts were used to demonstrate if the person was having enough fluids to keep them healthy. The registered manager told us staff were receiving training from Age UK with specific training around promoting fluids, why fluids are important and recognising signs of dehydration. Staff we spoke with who had received the training told us they found this useful in recognising the early warning signs so that preventative steps could be taken to reduce the likelihood of people's health deteriorating.

Staff were able to tell us about people's individual nutritional care needs. Staff told us how they had monitored a person's weight monthly and recognised they were losing weight. They said the doctor was contacted, who prescribed the person high calorie drinks. Staff told us they would also increase the person's food intake by adding calories to food. We saw following this input from healthcare professionals the person had begun to put on weight.

People we spoke with told us they had access to healthcare professionals when they needed to and that visits were arranged in a timely manner when they requested these. One person we spoke with said, "If I

need a doctor they will call one for me, but I see one regular enough". Relatives we spoke with told us that healthcare professionals from a local hospice regularly visited the service. A relative told us how they provided the person with hand and leg massages and how this benefitted the person's well-being.

People told us they saw did not have any concerns with access to the dentist or optician. All relatives we spoke with told us that staff always informed them if their family member had become unwell and needed the doctor or hospital treatment. One relative said, "I am [the person's name] voice and decision maker. They keep me up-to date with all their healthcare". Relatives told us that staff recognised when a person became unwell and contacted the relevant health care professional where necessary. We spoke with the deputy manager who showed us how they reviewed people's care. They gathered information weekly, which would indicate if a person had begun to deteriorate in their health so necessary referrals, could be made before the person became more unwell. A relative told us, "The staff act on it quickly".

Is the service caring?

Our findings

People we spoke with told us staff were kind and caring towards them. One person said, "All the staff are lovely. They are very kind." Another person said, "The staff are very good, they are all very supportive". A further person told us, "I could not fault them, they are wonderful".

All relatives we spoke with spoke very highly of the staff who provided care for their family members. One relative said, "Absolutely fantastic, I cannot speak highly enough, not one negative comment. The staff are absolutely wonderful". They continued to tell us that, "The staff genuinely care, it does not feel false". People were supported and encouraged to maintain relationships with their friends and family. All relatives we spoke said they felt welcomed into the home and felt they were part of the family and not a visitor. Relatives told us they were able to visit when they wished. A further relative said the senior care staff, "Know [the person's name] as an individual," and that staff were intuitive about the care and support the person needed to stay well. A further relative said, "I don't have to go looking for staff for an update, staff find me and give me the updates". They continued to say, "[The registered manager name] is lovely. You don't feel like a nuisance, the staff are always very welcoming, they care for the family too". They continued to say staff recognised the emotional aspect of placing a family member into a care home and felt the staff had provided them with reassurance and empathy in their decision. They finished by saying, "It's easy with the staff, I have the security knowing that [the person's name] is safe and I have definitely made the right choice".

People and relatives told us staff actively sought information about them to understand their preferences better. They said they had worked with staff and had developed the 'All about me' booklets, which helped staff to understand the person life history, their life style choice and preferences. One relative told us how staff remembered the little things that made a difference to the person's quality of life within the home. For example, remembering and providing the person's favourite drink they enjoy with a meal.

Throughout the inspection we saw staff were kind and caring towards people they cared for. We saw people smile at staff when they spoke with them. Staff interacted with people in a natural way, which encouraged further conversations. We saw when one person became upset staff spoke with the person calmly and stayed with them until they had settled. Staff ensured people who were in the lounge with the person were also reassured and did not feel upset.

People told us staff knew them well and respected their wishes. We spoke with the activities co-ordinator who shared examples of people's individual preferences for their hobbies and interests. With their knowledge of people's hobbies and interests, they were able to bring it to life for people.

People told us staff supported them to make their own decisions about their care and support. People said they felt involved and their wishes were listened and respected. People we spoke with felt that all their choices and decisions in all aspects of their care were listened to. For example, people told us they could have a bath when they requested one at a time that suited them.

Relatives and staff were aware of who was able to make decisions about people's care, where the person was not able. Staff understood the importance of this and ensured that the person's advocate was listened to and the decisions respected. All relatives we spoke with who had the legal right to make decisions on people's behalf told us they were listened and responded to with good outcomes for the person they were advocates for.

People told us they were always treated with dignity and respect. One person told us, "They always close the curtains when helping me". Another person told us, "They always knock and wait for a reply before they come in, they are respectful like that". People told us that while they received personal care it was done so in a dignified and respectful way. People said they chose their clothes and dressed in their preferred style. We saw staff ensured people clothes were clean and changed if needed. We overheard staff speaking with people in a calm and quite manner and where encouragement was needed to assist a person with their drink, this was done gently and at the person's own pace. One relative we spoke with told us how the person's appearance had improved since living in the home and they felt happy that this had happened for their family member. A further relative said, "It is a relaxed home where [the person's name] and myself are treated well and with dignity".

Where staff were required to discuss people's needs or requests of personal care, these were not openly discussed with others. Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs.

We spoke with the deputy manager who explained to us how they had worked to develop and enhance the support the service provision could offer people who required end of life care. They told us the registered manager had been supportive in driving this aspect forward. The deputy manager said, "This will never be the person's home, but that doesn't mean that we can't give them a comfortable, dignified and pain free death here". They showed us how they monitored the person's health for signs of deterioration. They continued to tell us that when the time was right, they would introduce the discussion with the person along with their family members where necessary about planning their care and support for their end of life.

Relatives we spoke with felt this service was invaluable and they could see the benefits for the person. Relatives told us the registered manager had utilised the external advance care planning practitioners from the local hospice in order for this to happen. Relatives told us how this process had benefitted the person and themselves in a positive way. One relative told us, "This has made a big improvement to their care". One staff member said, "I have seen that families do not always want to talk to us about end of life care, however they do like to speak with [the local hospice name] so it is good that we are able to offer them the support from the local hospice".

Staff told us that through their communication with the local hospice, their knowledge, skills, guidance and tools that they had developed ensured people were supported appropriately. Staff shared examples of their understanding in providing people with a comfortable and dignified death. One staff member said, "Working with the person and their families means that decisions can be made in advance, so everyone is aware of what will happen. There are no last minute decisions to be made". They continued to say, "That experience will stay with their family member, and it needs to be done in the right way".

All staff we spoke with were able to share ways in which they kept people comfortable, such as, not turning a person in bed to many times as the discomfort it caused the person was more than the benefit. Staff told us that they had received training for end of life care. One staff member said, "Not everybody dies the same way and the training from the hospice has broadened our mind set". They continued to say how they had worked with external advance planning practitioners to enable them to work with the person, involve their families and the person's doctor, to ensure people received their end of life care and support in the way the person would want.

A further staff member told us, "To support people with their end of life care, may not always mean they need support with pain management. It may be that they need support with reducing their agitation. We are able to recognise this in people, so we can help to reduce it, whether it is through relaxation tapes or medication if necessary". The external advance care practitioner told us, "We attend resident and relative meetings along with [the registered managers name] so we are able to answer any questions and offer support".

We spoke with an external healthcare professional who was a practitioner in advance care planning from the local hospice. They told us, "They have utilised our support, they are very forward thinking and have enhanced the end of life experience for people. They have bent over backwards to work with us and used every element of end of life care". They had agreed that due to the staff working alongside them they felt people's quality of life was better.

The registered manager discussed with us how they supported people with their end of life care. They explained how they utilised healthcare professionals to enhance the quality of care for people. For example, advanced care planning practitioners from the local hospice visited the home regularly to support people, relatives and staff in helping people make decisions about their end of life care. We spoke with one of the advanced care planning practitioners who felt they were, "Part of the family and not someone on the outside". We spoke with staff who told us how they utilised the staff who visited from the hospice. One staff member told us how positively people benefitted from hand massages and relaxation tapes.

We read some of the many compliments left from relatives whose family members had passed away at Westley Court. These compliments demonstrated the continued driving force to improve people's end of life care had worked well for those who had received it. For example, one relative had written, "Love and thanks for a peaceful last week". Another relative had commented, "Sincere thanks for all the wonderful care. Not only [the person's name] but me as well, I have always felt so supported by you. Always someone to answer and reassure me". A further relative wrote, "I was very glad that you were there at the end. We will always be grateful for your sensitivity and consideration".

Is the service responsive?

Our findings

People told us they were involved in the development and review of their care. We found a system was in place to ensure people's care was reviewed on a monthly basis or when their needs changed. Staff had the information and prompts for individual people's non-verbal signs and what this meant to each individual person. We looked at one care plan which showed how staff managed and monitored the person's mental health care needs. Staff explained to how they continually re-assessed the person's mental health and sought information and guidance for next steps. As a result of the re-assessment further external healthcare professional advice had been arranged for the person to ensure the person was receiving the correct care and support.

Staff told us they worked together and had good communication on all levels. All staff we spoke with told us they had detailed handover of information. One staff member told us that when they had been off for a period of time, they were given detailed information of what had happened while they were away. All staff we spoke with felt that due to the good levels of communication that was in place, such as detailed handovers, team meetings and on-going communication, people received responsive care in a timely way. One staff member said, "All the staff are singing from the same hymn sheet, we are a tight group". The staff member felt that this improved the delivery of care for people as all staff were up-to date with people's most current care needs.

Staff closely monitored people's health and took actions as appropriate. A relative we spoke with told us, "The senior care staff notice the slightest change in their health". A senior care staff member told us, "We know the residents really well; we know when they are not their usual selves". The nurse we spoke told us the care staff reported to them any concerns they had with a person's health so action could be taken promptly. For example, staff had reported to the nurse that one person had appeared to be confused in the morning. The nurse explained to new staff arriving on the afternoon shift that preliminary tests had been taken to rule out infection and the person's doctor had been called.

People and relatives felt they were listened to. A relative told us how much the service had improved over the last 12 months and said, "I felt I wasn't listened to in the beginning, but that has changed and I feel listened to now. I attribute that to [the registered manager's name]". They continued to say, "The senior carers have exceptionally good listening skills".

One person told us how much their health had improved due to the good support from staff. They said they would be in a position to return back to their home. They explained to us that arrangements had been made for trial visits to their home to ensure they and their family members were ready for their return. The person's relative told us, "They keep me involved all the way through". They explained the staff worked alongside external health care professionals to ensure the necessary adaptations to their home was in place prior their return. All staff we spoke with knew about the person's health care needs and their future plans for their return home.

We asked people if they were supported to maintain their hobbies and interests. Most people we spoke with told us that they did not wish to pursue their hobbies and interests as they wanted a more relaxed pace of

life. One person said how they preferred to stay in their room but staff would always, "Pop in for a chat", which they enjoyed. Another person told us the activities which the home provided suited their needs and they could choose which ones they wanted to attend.

Staff who we spoke with told us they provided meaningful activities to people and did things people enjoyed. Staff told us they spoke with people and their relatives to gain more understanding about people's past. We spoke with a staff member about how they organised this and brought it into people's lives. They explained that while they arranged entertainment, such as singers and musicians, which people enjoyed, most people preferred one to one support, for example reading or puzzles such as crosswords. A relative told us that they had mentioned to staff that their family member enjoyed puzzles and saw that staff had brought in puzzle books for the person to use. The relative told us how much they had appreciated this, as they felt that staff listened and cared about the person. They said, "Nothing is too much trouble, they always want to find out what they can".

The provider shared information with people about how to raise a complaint about the service provision. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome. One person we spoke with told us, "If I had anything to complain about I would tell the staff". The person felt confident that their concern would be resolved. Another person said, "I have no problems here." We looked at the provider's complaints over the last twelve months and saw no complaints had been received.

Is the service well-led?

Our findings

People told us they had many opportunities to contribute to the running of the service. They said they would speak with the staff or the registered manager if they needed to. People told us staff often asked if everything was going well or if there were any changes that they needed. People said their views and opinions were listened and responded to. Relatives meetings were held on an individual basis and relatives we spoke with felt that this provided them with good opportunities to raise any comments or suggestions.

All people and relatives we spoke with felt included and empowered in the running of the service provision. One relative said, "[The registered managers name] is very approachable, she listens and resolves any situations". Another relative said, "Staff usually approach me first or to just check if I'm happy and everything is okay". An external health care professional told us how they worked with the registered manager and staff at the home. They explained "We feel part of their family, they want to involve us" and that they could, "Go in anytime". They continued to tell us how they were involved in meetings with people who lived at the home and their relatives to support them. They concluded by saying, "They want to enhance the experience for the persons end of life care and that has been utilised by [the registered manager's name]".

Staff told us they felt supported by the management team and their peers. All staff members we spoke with told us they enjoyed their work, and working with people in the home. They said if they had any concerns or questions they felt confident to approach the registered manager. One staff member said, "I love the atmosphere, it feels homely and a happy place. I work with a good group of people. We have good communication, which boosts moral as it is good to be included in what is going on". Another staff member told us, "We have plenty of meetings and if we do not have an official meeting, we have ad-hoc meetings to keep us all in the loop".

Staff we spoke with felt the registered manager listened to their suggestions such as what training needs they had and how best they had the training delivered to them. Staff told us they felt they were listened to for alternative ways of training. For example, staff had been on a full days training provided by an external company. A staff member told us that this way of learning was beneficial as they could discuss it with their peers and ask questions that were pertinent to their role.

People who we spoke with told us they knew who the registered manager was. One person said, "I know the manager I see her everyday". People and staff told us that the registered manager was always visible within the home and felt able to talk to them in passing, or felt able to visit them in their office. On our arrival to the home the registered manager was in the process of completing their daily round of the home to ensure daily tasks had been completed and there were no concerns or areas that needed to be addressed. We found that when visitors came they would visit the office first to check how the person was. Relatives we spoke with confirmed they knew who the registered manager was. One relative said, "[The registered manager's name] is lovely. If I had any concerns I would go straight to her". Another relative said, "[The registered managers name] is marvellous, she is definitely in the right job". Staff told us that visibly seeing the registered manager and deputy manager made them feel more confident to approach them as they were part of the everyday running of the home.

The provider had recognised the need to ensure the service provision was delivering a high standard of care and service delivery. The provider had appointed an operations director which was a new role into their organisation. While the operations director had only been working for the provider for one week at the time of our inspection; they told us the provider had given them the opportunity to gain understanding into the running of the home, by acting as a 'secret shopper'. They told us that this experience had helped them to get a better understanding of a family member's experience of the service.

The registered manager looked at areas such as staff training, incidents and accidents, medicines and care records. The experience of people was looked at within these areas. For example, the registered manager had worked with the chef and completed a quality survey about people's meals. Comments that people had made about the food went towards working with the chef and staff to better cater for people's individual preferences. For example, providing smaller portions for those who prefer this.

The registered manager told us that relative's surveys were being adapted to being more specific for the relative and these would be sent out once this work had been completed. The registered manager demonstrated that they listened and responded to an external healthcare professional survey responses. They showed us where it had been identified that clearer information for doctors weekly visits was required would ensure a smoother service delivery. The registered manager demonstrated how this had now been adapted to ensure the doctor's suggestion had been utilised.