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A Woodlands House

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

Overall summary

A Woodlands House is a residential care home which provides care and support for up to 14 older people living with dementia. At the time of our inspection there were 13 people living at the home.

The service had a registered manager. 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.

The registered manager is also one of the providers; they were in day to day charge and worked alongside staff in order to provide care for people. The provider is the person who has the legal responsibility for meeting the requirements of the law. Providers are often the owner of

Summary of findings

the service and are the 'registered person' with the CQC. 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.

Staff were aware of their responsibilities in relation to keeping people safe .Staff felt that reported signs of suspected abuse would be taken seriously and knew who to contact externally should they feel their concerns had not been dealt with appropriately.

Systems were in place to identify risks and protect people from harm. Risk assessments were in place and reviewed monthly. Where someone was identified as being at risk actions were identified on how to reduce the risk and referrals were made to health professionals as required.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medicines were managed, stored, given to people as prescribed and disposed of safely.

Safe recruitment practices were followed. Disclosure and Barring Service checks (DBS) had been requested and were present in all checked records. There were sufficient numbers of staff on duty to keep people safe and meet their needs. The registered manager told us that they did not use agency staff as they liked to ensure that staff had a good understanding of people's needs and the care they needed.

People's rights were upheld as the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards had been adhered to. The registered manager had made DoLS applications for all the people living at the home to ensure people's rights were protected.

Staff spoke with us about the range of training they received which included safeguarding, food hygiene and dementia training. Relatives felt that staff were suitably trained and felt confident that they knew how to support people with dementia.

People were supported to maintain good health and had access to health professionals. Dietary needs and nutritional requirements had been assessed and recorded. Weight charts were seen and had been completed appropriately on a monthly basis.

Staff knew people well and they were treated in a dignified and respectful way. A relative told us "they are remarkably patient, I've never heard a raised voice. They have some well-developed interpersonal skills".

The care that people received was responsive to their needs. People's care plans contained information about their life history and staff spoke with us about the importance of knowing people's backgrounds. Staff told us "we let them settle in gently the first few days and we sit and chat about likes and dislikes", "we sit and have a cup of tea and make them feel at ease".

Quality assurance systems were in place to regularly review the quality of the service that was provided. Feedback from people, relatives and professionals were sought to monitor quality.

Relatives told us the home was well led and that there was regular contact with the registered manager.

Staff and relatives spoke positively of the registered manager and deputy manager. A relative told us "the main thing is they're approachable if I wanted to chat I know I can".

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff had received safeguarding training and knew how to recognise and report abuse.

There were sufficient numbers of staff to make sure that people were safe and their needs were met.

Risk assessments were in place and were regularly reviewed to ensure that they reflected people's current level of risk.

Medicines were managed safely.

Good

Is the service effective?
The service was effective.

Staff had received training as required to ensure that they were able to meet people's needs effectively.

People were supported to maintain good health and had regular contact with health care professionals.

People's rights were protected as the principles of the Mental Capacity Act and the requirements of the Deprivation of Liberty Safeguards (DoLS) were followed.

Good

Is the service caring?
The service was caring.

People were treated in a dignified and respectful way.

People and those that mattered to them were involved in decisions about their care.

Good

Is the service responsive?
The service was responsive.

People received care which was personalised and responsive to their needs.

There were structured and meaningful activities for people to take part in.

People and relatives felt able to express concerns and feedback was encouraged.

Good

Is the service well-led?
The service was well led.

People and their relatives were positive about the quality of care delivered.

Quality assurance systems were in place and were used to improve the service.

Staff felt supported and were able to discuss any concerns with the registered manager.

Good

A Woodlands House

Detailed findings

Background to this inspection

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

The inspection took place on 28 and 29 January 2016 and was unannounced. One inspector undertook the inspection.

Before the inspection, we checked the information that we held about the home and the service provider. This included previous inspection reports and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We also reviewed feedback from health and social care professionals. We used all this information to decide which areas to focus on during inspection.

Some people living at the service were unable to tell us about their experiences; therefore we observed care and support in communal areas. 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 four people, three relatives, the registered manager, the deputy manager, the chef and three care assistants. We also spent time looking at records. These included four care records, three staff records, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints, quality assurance audits and other records relating to the management of the service. Following our inspection we spoke with a health care professional who visits the service regularly.

The service was last inspected on 6 June 2013 and no issues were identified.

Good

Is the service safe?

Our findings

People were cared for by staff who knew how to recognise the signs of possible abuse. Staff were able to identify a range of types of abuse including physical, financial and verbal. Staff were aware of their responsibilities in relation to keeping people safe. Staff felt that reported signs of suspected abuse would be taken seriously and knew who to contact externally should they feel their concerns had not been dealt with appropriately. If they did not feel the response was appropriate they knew which outside agencies to contact for advice and guidance. A member of staff explained that they would discuss any concerns with the registered manager. We asked a member of staff if they felt concerns would be taken seriously and they told us "they would definitely be taken seriously I have a good relationship with both [registered manager and deputy manager]". Staff said they felt comfortable referring any concerns they had to the registered manager if needed. The registered manager was able to explain the process which would be followed if a concern was raised.

Systems were in place to identify risks and protect people from harm. Risk assessments were in place and reviewed monthly. Where someone was identified as being at risk actions were identified on how to reduce the risk and referrals were made to health professionals as required. Before people moved to the home an assessment was completed. This looked at the person's support needs and any risks to their health, safety or welfare. Staff were aware of how to manage the risks associated with people's care needs and how to support them safely. For example, people had a risk assessment in place to ensure safe moving and handling. This assessment detailed what equipment should be used and how to make the person more comfortable when being supported to move.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. We observed staff administered medicines safely. Medication Administration Records (MAR) were in place and had been correctly completed to evidence that people had received their medicines as prescribed. Medicines were locked away as appropriate and where refrigeration was required, temperatures had been logged and fell within guidelines that ensured the effectiveness of the medicines was maintained. Only trained staff administered medicines. The registered manager completed an observation of staff to ensure they were competent in the administration of medicines. Fridge temperatures were checked daily. We carried out a random check of the stocks of medicines and they matched the records kept.

Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all checked records. There were sufficient numbers of staff on duty to keep people safe and meet their needs. We reviewed the rota and the numbers of staff on duty matched the numbers recorded on the rota. Staff told us they felt there were enough staff on duty. One member of staff told us "I think there's definitely enough staff, if I didn't I would say". We observed that people were not left waiting for assistance, staff were available and responded to people's needs in a timely way, there was a member of staff in the lounge area, when they saw someone wanted to get up from their chair the member of staff supported them and ensured that they used their walking aid. We reviewed this person's care plan and saw this contained information on their mobility aid which they needed. We looked at the staff rota for the past four weeks. The rota included details of staff on annual leave or training, we saw that there a senior carer was on duty at each shift. A relative told us that this offered them reassurance that their relative was safe and well looked after, they told us "there's always a senior member of care staff around, that's good". Shifts had been arranged to ensure that known absences were covered. The registered manager told us that they did not use agency staff as they liked to ensure that staff had a good understanding of people's needs and the care they needed.

Good

Is the service effective?

Our findings

Consent to care and treatment was sought in line with legislation 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 make 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 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us that DoLS applications had been made for all people living at the service. We looked at four people's care records and a capacity assessment was completed on admission and reviewed monthly. The registered manager told us that they had submitted applications for all people at the home and three had been authorised by the local authority. People were able to make day to day choices and decisions. We saw that people were asked if they would like support during their lunchtime meal and staff understood the importance of ensuring consent before providing support. Staff understood the requirements of the Mental Capacity Act 2005 and put this into practice. For example, staff followed the principle of presuming that people had capacity to consent by asking if they wanted assistance and waited for a response before offering support. For example we saw one person spending time alone in the quieter lounge. Staff asked if they would like to come into the group lounge and take part in the activities, they declined and this was accepted by staff. Staff later checked on this person to ensure they had not changed their mind. Where decisions needed to be taken relating to finance or health, for example, and then a best interest decision would be made, involving care professionals and relatives to make a decision on the person's behalf in their best interest. Where possible, the person would also be included in this decision-making. Capacity assessments had been completed appropriately for people and were in their care records.

Staff had undertaken appropriate training to ensure that they had to skills and competencies to meet people's needs. The registered manager told us that staff received a combination of online and face to face training dependent on the content of the training. Staff spoke with us about the range of training they received which included safeguarding, food hygiene and dementia training. Relatives felt that staff were suitably trained and felt confident that they knew how to support people with dementia; they told us "they have a good understanding of Alzheimer's and dementia". New staff undertook a comprehensive induction programme which included essential training and shadowing of experienced care staff. Staff had completed the provider's induction checklist which involved familiarisation with the layout of the building, policies and procedures and the call bell system. The registered manager told us that all new staff now completed the Care Certificate. The Care Certificate is a set of standards which staff complete to ensure that they are competent in the caring role. At the time of our inspection two members of staff were completing the Care Certificate. There was a formal supervision and appraisal process in place for staff and action which had been agreed was recorded and discussed at each supervision meeting. Staff received supervision every six weeks and received minutes which detailed what had been discussed. Staff confirmed that they had regular supervisions and told us that they found these helpful. They discussed individual people and how best to support them and any other issues relating to their role. A member of staff told us "supervision is every two months, it's really helpful".

People were supported to maintain good health and had access to health professionals. Relatives felt confident that staff would know when to contact health care professionals and told us "they would be on in straight away, they would call a doctor". Staff worked in collaboration with professionals such as doctors and the falls prevention team to ensure advice was taken when needed and people's needs were met.

Dietary needs and nutritional requirements had been assessed and recorded. Weight charts were seen and had been completed appropriately on a monthly basis. The

Good

Is the service effective?

Malnutrition Universal Screening Tool (MUST) tool was used to promote best practice. This tool identifies if a person was malnourished or at risk of becoming malnourished. People who were at risk were weighed on a monthly basis and referrals or advice was sought where people were identified as being at risk.

We observed a lunchtime experience and saw that people were supported to have enough to eat, drink and maintain a balanced diet. People were offered a choice of drinks. Staff encouraged people to be as independent as possible with tasks. We saw a member of staff cut one person's food into small pieces, they offered support and encouragement for them to eat independently rather than offer physical assistance with eating. Relatives felt that people had enough to eat and drink and their personal preferences were taken into consideration. A relative told us "the standard of catering is very good". We spoke to the chef and they told us that after each meal they spoke with people to find out if they enjoyed the meal and recorded this to make sure that people received food that they enjoy. The chef kept a note of people's dietary requirements such as a soft food diets and also any allergies. People's hydration needs were met. We observed people's water jugs in bedrooms being filled up, a choice of water and squash drinks were available in the lounge. People were offered tea and coffee throughout the day and staff knew people's preference's such as whether they liked sugar or milk in their hot drinks. We saw that people's preferences on hot and cold drinks were recorded in their care plans as a reference for staff.

Good

Is the service caring?

Our findings

Relatives spoke positively of the caring manner of the staff. One relative told us "they are remarkably patient, I've never heard a raised voice. They have some well-developed interpersonal skills". Another relative told us "he seemed to settle better than we thought . . . He's always lovely and smart, clean and tidy" and "they couldn't be more understanding, people are treated with consideration".

We saw staff holding people's hands when reassurance was needed. Staff took time to make sure people understood what had been said or asked by making eye contact and repeating questions if needed. We saw that staff were gentle and friendly when they spoke with people and were quick to respond to requests in a kind and pleasant manner. We saw that one person became upset when given their medicine. The member of staff reassured this person and when the staff member returned a few minutes later, the person was happy to take their medicines. We saw staff knelt down when talking to people so that they were at the same eye level. People and staff appeared to enjoy each other's company and shared jokes about film actors. Staff knew which people needed equipment to support their independence and ensured this was provided when they needed it.

We spent time observing care practices in the communal area of the home. Throughout our inspection we observed people's hair was brushed, that they were wearing glasses as needed, hearing aids were in place and watches were set at the correct time. We observed staff maintained people's privacy and that they knocked before entering people's bedrooms. We saw that people's care plans reminded staff to ensure that people's dignity was maintained. Staff spoke with us about how they provided care in a way that promoted people's dignity and we were told "we try to promote them going (to the toilet) as much as possible, as long as we show where it is they're ok. We don't want to take that dignity away". The registered manager told us they ensured staff treated people with respect and dignity by focusing on this aspect of care in the induction of new staff; it was also regularly discussed at supervision and team meetings.

People's rooms were personalised with possessions such as pictures, family photographs and bedding. People were able to bring in their own furniture to make the room feel more familiar and homely. Staff had a good understanding of people's needs and individual likes and dislikes and understood the importance of building relationships with people. People and their families were involved in the care which they received. Relatives told us that they felt involved in the care their family member received and that they had regular reviews with the registered manager or deputy manager. The deputy manager told us "it's all a matter of making time for them" and "we have a review every 6 months or so. We go through care plans and ask for comments. We ask how involved they want to be."

Family and friends were able to visit without restriction and relatives told us that staff were always welcoming and happy to spend time speaking with them about their family members. A relative told us "there's always a member of staff to welcome me in" and "I can be here as long as I want". Relatives told us that the home was "pet friendly" and they were encouraged to bring in pets to visit people. The registered manager's dog also regularly visited; people and relatives told us that they enjoyed this and added to the homely atmosphere. Throughout our inspection we saw people's family members visiting and spend time with them in the lounge and dining areas. Relatives appeared comfortable with staff and spoke with them about changes to their relatives care. A member of staff told us they maintained relationships with people's family and made them feel comfortable when they come to visit. One staff member said, "when they come in I will ask, 'do you want a cup of tea and a natter?'"

Good

Is the service responsive?

Our findings

Staff knew people well and understood how they liked to be supported. Care records included copies of social services' assessments completed by referring social workers and these were used to inform people's care plans. Care plans included information on people's key relationships, personalities and preferences. They also contained information on people's social and physical needs. People's care plans contained a section detailing communication with healthcare professionals such as the GP. Care plans contained information on people's life history which gave staff information about the person's life before they moved into the home.

Staff told us they found care plans helpful and said "they're really helpful. I like to know who the person was before coming here". Another member of staff told us "we rely on (deputy manager) for the care plan and then we take it day by day". Life history information allowed staff to have a good understanding of people which enhanced the personalised care which people received. When people moved into the home staff spent time getting to know people and ensuring that they felt comfortable. They told us "we let them settle in gently the first few days and we sit and chat about likes and dislikes", "we sit and have a cup of tea and make them feel at ease". They spoke with us about how they get to know people if there was no family to pass on information "we usually ask for information from the family to help us. If they haven't got anyone we ease them in gently and try things". Where appropriate people had a Do Not Attempt Resuscitation (DNAR) orders in place at the front of their care plan. A DNAR is a legal order which tells medical professionals not to perform cardiopulmonary resuscitation on a person.

We saw examples of when staff responsiveness led to positive outcomes for people. We reviewed the care plan for one person who had a recent change in their mobility. We saw that the person's care plan had been reviewed and updated to reflect the changes in the support they needed. We spoke to staff about the care this person now received and they were able to explain the changes to their support. Staff were up to date on changes to people's needs which ensured that that the support people were offered reflected their current level of need.

We saw that people had a cognition care plan in place which detailed how staff should respond to people to reduce any confusion and upset which they may experience due to their dementia. We saw one care plan that read "Call (named person) by their name with each interaction in order to reinforce name recognition. Keep their routine consistent in order to decrease confusion. Present just one thought, idea, request or question at a time." Further documentation within the care plan reminded staff to use eye contact and to give short uncomplicated answers to their questions to aid communication.

The deputy manager spoke with us about two male residents who were living in separate rooms in the home. Both people became anxious at night time and spent time walking around the home and appeared unsettled. The deputy manager told us they spent time speaking with both people and their family members gathering information about their life history to try and figure out what may be causing their feelings of anxiety at night. They discovered that both had shared a room with a brother throughout their childhood and so the family and the deputy manager felt they may benefit from sharing a room. A best interest meeting took place and the decision was made alongside the people that they would move to a shared room within the home and staff would continue to observe any behaviour issues during the night. The deputy manager told us that both people settled at night and no longer walked around during the night.

The registered manager told us that they had recently made the decision to no longer wear a uniform to promote the homely atmosphere to encourage people to feel at ease. Staff told us this helped people feel more part of a family. A member of staff told us "its better now we don't wear the uniform, night staff wear pyjamas, it helps. A few people don't like to go to bed, then they see the staff in pyjamas and they're ok".

Where people displayed behaviour which may be challenging we saw that they had behaviour monitoring charts in place which detailed when and where the incident had taken place, events leading up to the incident, the behaviour which was displayed and what action was taken. The care plan also detailed how best to support this person to reduce the likelihood that they may become upset. Therefore the staff could be proactive in understanding behaviour patterns and taking action to reduce this from escalating in future.

Good

Is the service responsive?

Daily records were kept in individual diaries for each person. These recorded what the person had to eat, what support had been offered and accepted. The diaries also recorded information about people's moods and behaviours, any concerns and what action had been taken by staff. This ensured the person's needs could be monitored for any changes.

People told us that they could make choices in the support that they received and in their daily routines such as what time they get out of bed. We saw that people were offered a choice of where they would like to spend their time and most people chose to spend their time in the lounge. Within people's care plans we saw that there was a food preferences document which recorded which food they enjoyed or disliked. It also recorded their drink preferences including fruit juice and hot drinks. Staff spoke with us about how they ensured that people made choices about when they get up in the morning and when they go to bed. Staff told us "it's entirely up to them, it they don't want to get up we just get them up later. One resident used to stay up till 12am watching films". Therefore people's routines were centred around their preferences.

People's social and recreational needs were assessed. We spoke with the registered manager who told us they did not have an activities schedule in place as they preferred to arrange activities around how people felt on the day. People's care plans contained information about their interests before they moved to the home. Each person also had an individual activities diary which recorded what activities they had taken part in. Staff spoke with us about how they had found out about one person's interest. They told us they had spoken with this person's daughter and found out they had worked as a cleaner for most of their life and enjoyed taking part in housework tasks. Staff ensured they had access to a duster and they enjoyed spending their morning polishing the communal areas of the home.

We reviewed the minutes of the August 2015 staff meeting and saw that staff were reminded to involve people in simple tasks within the home such as folding laundry. There was a schedule of planned monthly and yearly activities. We saw that once a month an external entertainer visited for reminisce. Every 6-8 weeks there was a live animal handling workshop. We saw photographs of people taking part in the workshop and holding live animals; people were smiling and appeared to be enjoying this activity. The registered manager spoke with us about someone who doesn't like to take part in the activities, they lived on the ground floor and staff made sure that their door was open so that they could enjoy the entertainment without coming into the lounge. Staff made sure that this person received one to one time in their room instead. We saw that staff spent time having one to one chats with them and listening to the radio. Staff also spoke with us about people having time to relax and spent time socialising with other people in the home, they told us "after lunch we try have a group chat or watch a movie".

We reviewed one person's care plan and saw that they enjoyed spending time speaking to staff. The care plan reminded staff to ensure that this person received time to speak with staff on a one to one basis. We reviewed the activity record for this person and saw that they had daily one to one time to speak with staff in line with this.

On the second day of our inspection we saw that staff put on music designed to encourage people to reminisce and asked people if they would like to take part in armchair exercises. People started off by copying the exercises of the staff member, then people began to dance with one another in the lounge area while others stayed in their seat and sang along with the music and continued with the exercises.

There was a complaints policy in place and the registered manager told us they had not received any complaints in the last 12 months. A relative told us "I would know how to complain, we've occasionally made suggestions but not a complaint". The registered manager felt that they did not receive formal complaints as they ensured that they maintained a good relationship with people and their family members which meant they could discuss and respond to any worries before they became a complaint. The registered manager spoke with us about how they would respond to a complaint. They would keep a written record of the complaint and ensure that they responded in a timely way. They would document if the complaint was upheld and whether action had been taken to resolve the concerns.

Good

Is the service well-led?

Our findings

Quality assurance systems were in place to regularly review the quality of the service that was provided. There was an audit schedule for aspects of care such as medicines, activities, care plans and infection control. An audit of care plans was completed monthly which checked that people's records were up to date, reflected people's care level of need and were signed by people or their relatives. The care plans we reviewed contained up to date information and where signed by people's relatives. The July 2015 activities audit indicated that more detailed information on the activities taken part in was needed. We saw that this was reviewed by the registered manager in August 2015 and activities records were now more detailed. Specific incidents were recorded collectively such as falls, changing body weight and pressure areas, so any trends could be identified and appropriate action taken. Environmental risk assessments were also carried out and there were personal evacuation plans for each person so staff knew how to support people should the building need to be evacuated.

Staff meetings were held every two months and this ensured that staff had the opportunity to discuss any changes to the running of the home and to feedback on the care that individual people received. Staff said they felt valued and we were told "we work as a team, they value our opinion" and "they do a marvellous job supporting us all". The manager focussed on supporting and encouraging staff to enable them to carry out their job in a caring way. They told us, "if they are happy they will do their jobs well" and "we develop the carers, we encourage staff to develop their skills". Staff also felt that they received support from their colleagues and felt there was an open atmosphere and they could ask questions. They told us "we're supportive of one another".

The registered manager was approachable and staff felt able to raise any concerns and felt they would be acted upon. Staff were aware of the whistleblowing policy and knew how to raise a complaint or concern anonymously. The registered manager felt confident that staff would report any concerns to them. Staff said they felt valued, that the registered manager was approachable and they felt able to raise anything which would be acted upon. A member of staff told us "we will say if something is wrong, you need to don't you?" We were told there was a stable staff group at the home, that staff knew people well and that people received a good and consistent service. A relative told us "staff have been here a long time, that's always a good sign". The registered manager spoke with people and staff in a warm and supportive manner. Relatives felt comfortable discussing any concerns with the registered manager and told us "if you wanted a quiet word you can see them".

People, relatives and healthcare professionals spoke positively of the services provided and staff, they told us "we're lucky to have aunty in here, I'm genuinely very pleased". We also reviewed the thank you cards which the home had received. The comments read included: 'Both (named person) and I are so grateful for the loving care and respect you gave to mum' and 'you should be proud of your staff and the work they do'. People, relatives and professionals were asked for feedback annually through a survey. The survey completed by people included people's views on the manner of staff, whether people felt listened to and if they knew how to make a complaint. The registered manager told us that people completed these with support from staff. The responses from the last survey in September 2015 were all positive and people indicated that they felt listened to, had a choice in the care they received and knew how to make a complaint.

We reviewed the relatives' survey and saw that this included their views on the standard of the accommodation, if they were made to feel welcome and if staff had a good understanding of people's needs. We reviewed the completed survey from November 2015. Ten relatives completed the survey and the responses were all positive. The comments read, 'We always feel welcome when we visit. We are greeted by name, have a chat and are always offered a cup of tea' and 'the care is excellent and has evolved as mum's disease has progressed'. Feedback was also sought from professionals who were asked for their views on the care provided and the responsiveness of staff. Five health professionals responded and the comments were all positive. One comment read 'staff always seem kind, considerate and caring'.

The registered manager was able to describe the vision and values of the home. They told us, "the aim is to provide a home for very vulnerable people and assist the families to come to terms with dementia". Staff shared this vision and spoke with us about their focus on creating a homely family atmosphere. They told us "we want a home from home with all the TLC thrown in" and "I like to see it as how I'd

Good

Is the service well-led?

treat my family member, we treat then as family" and "we've always thought of ourselves as a very small family home". Another member of staff told us staff told "it's rewarding, it's very rewarding". They also spoke with us about their focus on ensure the quality of the care they provided and ensuring people and relatives were happy with the care provided, they told us wanted "to be the best that we can be, staff who I believe in totally and support. They all take pride in their jobs".