

# Holsworthy Health Care Limited

# Bodmeyrick Residential Home

## 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Bodmeyrick is a residential care home which provides accommodation and personal care for up to 28 older people. At the time of our inspection there were 27 people living at the service.

### People's experience of using this service and what we found

People, relatives and professionals gave consistently positive feedback about the care provided at Bodmeyrick Residential Home. Comments included: "The staff look after me very well, they're very good"; "Staff have a wonderful person-centred approach to dementia care. They are aware of the importance of getting to know the individual and see Bodmeyrick as the residents' homes" and "The kindness and understanding that was shown to (relative) has exceeded whatever we imagined."

There was a strong, visible person-centred culture. This was evident from all staff within all roles. From care staff, domestic staff and management. The person-centred culture was embedded at all levels. People were truly respected and valued as individuals, with staff thinking 'outside of the box.'

Staff were exceptional at anticipating people's needs. The service recognised that some people living with a dementia were often restless, therefore they introduced a sensory room. The room contained dimmed lighting and many sensory items available on the walls and freely on shelves (such as, fiddle muffs, lavender bags and water balls). Now when people became anxious the room enabled them to be relaxed and less anxious.

The registered manager and provider truly valued the well-being of staff. They saw this as key to running the service as well as possible. Staff had recently attended a resilience training course run by a clinical psychologist. This was about looking after their own well-being and mental health. Following the training, the registered manager introduced a positive feedback folder for each staff member. Staff could then put positive comments for staff to refer to if they are having a bad day. Caring about staff well-being was also seen as very important in order for them to support people in a kind and compassionate way.

Staff were highly motivated to ensure people received care which was compassionate and kind. We saw people had developed strong relationships with staff, and it was evident that this was an important ethos of the service.

Staff ensured people received the best possible care and support. For example, supporting the various activities and events which happened at Bodmeyrick Residential Home. Staff believed in the importance of these events and the coming together as a community.

Staff adopted a strong and visible personalised approach in how they worked with people. For example, staff spoke of the importance of empowering people to be involved in their day to day lives. People felt that their care was focussed on their individual needs.

The staff groups training, knowledge and empathetic nature meant they recognised maintaining people's dignity was essential to them feeling valued, respected and genuinely cared for.

The service's visions and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence, inclusion and people having a real sense of worth and value. Staff expressed a passion for providing high quality care. This inspection found that the organisation's philosophy was definitely embedded in Bodmeyrick Residential Home.

Bodmeyrick provided people with safe, effective, compassionate and high-quality care. The management team actively promoted a relaxed and welcoming atmosphere. The service strived to provide people and those that matter to them with rich and fulfilled lives.

The management team were forward thinking. They provided strong leadership; were good role models for all staff and drove up excellent practice to provide people with opportunities. They had established a service where staff were clear about the values and ethos of the service. It had a positive culture that was person-centred, open, inclusive and empowering. Staff were motivated and proud of their service.

Staff were supported to reach their true potential. Staff were encouraged and supported to specialise in certain areas. The home had 'champions' which included for incontinence, safeguarding and moving and handling. The champions had been encouraged to undertake specialist training in these areas to ensure information was disseminated to the entire staff team which was current and up to date in order to support people in the best possible way.

Bodmeyrick is a very important part of the community. Community links had been and continued to be developed which reflected the changing needs and preferences of the people living at the service.

A number of extensive methods were used to assess the quality and safety of the service people received and continuous improvements were made in response to the findings.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service provided safe care to people. One person commented: "I feel very safe here. The staff are good." Medicines were safely managed on people's behalf.

Care files were personalised to reflect people's personal preferences. People were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

There were effective staff recruitment and selection processes in place.

People received effective care and support from staff who were well trained and competent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: The last rating for this service was Good (report published in April 2017).

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bodmeyrick Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

Outstanding ☆

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.

# Bodmeyrick Residential Home

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was conducted by one inspector and an Expert by Experience on the first day, and one inspector on the second day. It was unannounced. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Bodmeyrick Residential Home is a care home which provides accommodation and personal care for up to 28 older people. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Prior to the inspection, we used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well,

and improvements they plan to make. This information helps support our inspections. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people receiving a service and 10 members of staff. We spent time talking with people and observing the interactions between them and staff. We also spoke with two visiting health and social care professionals.

Some people living at the service were unable to communicate their experience of living at the home in detail with us as they were living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who could not comment directly on their experience.

We reviewed three people's care files, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service provided safe care to people. One person commented: "I feel very safe here. The staff are good." Staff responded appropriately to people's needs and interacted respectfully to ensure their human rights were upheld and respected. Interactions between people and staff were relaxed and friendly and people were happy.
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.
- The registered manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow.

Assessing risk, safety monitoring and management

- People's individual risks were identified, and risk assessment reviews were carried out to identify ways to keep people safe. For example, risk assessments for falls management, medical conditions and eating and drinking. Risk management considered people's physical and mental health needs and showed measures to manage risk were as least restrictive as possible.
- The premises were adequately maintained through a maintenance programme. Fire safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care. People were protected because the organisation took safety seriously and had appropriate procedures in place.

Staffing and recruitment

- Staffing arrangements met people's needs. Staff confirmed people's needs were met promptly, and there were sufficient numbers of staff on duty. We observed this during our visit when people needed support or wanted to participate in particular activities. For example, staff spent time with people engaging in meaningful conversations. Unforeseen shortfalls in staffing arrangements due to sickness were managed. The registered manager explained that generally regular staff would fill in to cover the shortfall, so people's needs could be met by staff who knew them. In addition, the service had management on-call arrangements for staff to contact if concerns were evident during their shift.
- There were effective recruitment and selection processes in place.



### Using medicines safely

- People's medicines were managed so they received them safely.
- Appropriate arrangements were in place for obtaining medicines. The home received people's medicines from a local pharmacy each month. When the home received the medicines, they were checked, and the amount of stock documented to ensure accuracy.
- Medicines were kept safely in locked medicine trolleys. The trolleys were kept in an orderly way to reduce the possibility of mistakes happening. Medicines were safely administered. Medicines administration records were appropriately signed by staff when administering a person's medicines. Audits were undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date.
- Staff received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines. The registered manager checked medicine practice whilst working with alongside staff and via records. This was to ensure staff were administering medicines correctly.

### Preventing and controlling infection

- We found all areas of the home to be clean, fresh and free of malodours.
- Staff ensured infection control procedures were in place. Personal protective equipment was readily available to staff when assisting people with personal care. For example, gloves and aprons. Staff had also completed infection control training.

### Learning lessons when things go wrong

- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments had been updated. Where incidents had taken place, involvement of other health and social care professionals was requested where needed.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

Staff support: induction, training, skills and experience

- People felt staff were well trained. One person commented: "They (staff) are well trained and the service is first class. They're always in training meetings."
- Staff completed an induction and probationary period when they started work at the service. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone.
- Staff received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on a range of subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), moving and handling and equality and diversity. In addition, staff received training in topics specific to people's individual needs. For example, dementia awareness and diabetes. Staff had also completed nationally recognised qualifications in health and social care, including the care certificate. The care certificate aims to equip health and social care staff with the knowledge and skills which they need to provide safe, compassionate care. A staff member commented: "The training and support is very good."
- Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the registered manager. A staff member commented: "The registered manager is very supportive." This showed that the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff knew how to respond to specific health and social care needs. They spoke confidently about the care they delivered and understood how this contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff said people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis. For example, when recognising changes in a person's physical health.
- People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. For example, GP and district nurse. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known. People's individual wishes were acted upon, such as how they wanted to spend their time.
- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support was assessed on an on-going basis in line with the Mental Capacity Act (MCA) (2005). People's capacity to consent had been assessed and best interests' discussions and meetings had taken place. For example, the need for a person to be in a residential care setting and supervision at mealtimes. This demonstrated that staff worked in accordance with the MCA.
- DoLS applications had been made to the relevant local authority where it had been identified that people were being deprived of their liberty. The registered manager was aware that authorisations required regular review.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. One person commented: "I take my meals downstairs in the dining room. The food is good."
- People had their preferred meals documented, which also helped inform the menu. A staff member commented: "We know people's likes and dislikes. There are always alternatives."
- Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. People's weights were monitored on a regular basis. Where a person's ability to eat or drink changed, staff consulted with health professionals.
- People were offered a variety of hot and cold drinks throughout the day.

Adapting service, design, decoration to meet people's needs

- Bodmeyrick is set over two floors accessible by a lift and stair lift. People's individual needs were met by the adaptation, design and decoration of the premises. People had a variety of spaces in which they could spend their time and their bedrooms were personalised. Reasonable adjustments had been made to enable people to move around as independently as possible, such as grab rails and signage for those living with dementia.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People, relatives and professionals gave consistently positive feedback about the care provided at Bodmeyrick Residential Home. Comments included: "The staff look after me very well, they're very good"; "The staff treat me very much as an individual, they know me well" and "The kindness and understanding that was shown to (relative) has exceeded whatever we imagined."
- There was a strong, visible person-centred culture. This was evident from all staff within all roles. From care staff, domestic staff and management. The person-centred culture was embedded at all levels. For example, staff valued people and knew their preferred daily routines, likes, dislikes and wishes. The service ensured staff focussed on building and maintaining open and honest relationships with people and their families, friends and other carers. This really helped to promote and ensure the service was person-centred. A staff member commented: "We strive to provide the best possible care for our residents. Make their lives as happy and fulfilling as possible." A professional commented: "Staff have a wonderful person-centred approach to dementia care. They are aware of the importance of getting to know the individual and see Bodmeyrick as the residents' homes."
- People were truly respected and valued as individuals, with staff thinking 'outside of the box.' For example, a person would not attend any minibus trips as they believed they did not have the finances to pay for them. As a result, staff came up with the idea of making winning tickets for this person for free minibus outings, so they felt financially able to participate in the social activities in the community. They were overwhelmed, and it gave them a sense of empowerment and inclusion. They felt valued and fulfilled. The trips triggered happy family memories which gave them a sense of achievement and accomplishment.
- Staff were exceptional at anticipating people's needs. The service recognised that some people living with a dementia were often restless, therefore they introduced a sensory room. The room contained dimmed lighting and many sensory items available on the walls and freely on shelves (such as, fiddle muffs, lavender bags and water balls). Now when people became anxious the room enabled them to be relaxed and less anxious.
- One person had very limited communication. Staff had discovered that they liked comedy. On the first day of our inspection, the activities coordinator was dressed up as a clown with balloons and bells. The person positively reacted to this by laughing, screaming and waving their hands around. It was evident that it gave the person a great deal of excitement and humour aiding their well-being and sensory experience.
- Staff were highly motivated to ensure people received care which was compassionate and kind. We saw

people had developed strong relationships with staff, and it was evident that this was an important ethos of the service. On the second day of our inspection a member of staff came in unprompted with a local paper for a person living at the home. They explained, "This person used to live in Bude and their son is often in the paper about saving wildlife. They were so happy with the paper." Staff told us they spent quality time chatting and building interpersonal relationships with people and saw this as a vital part of their role. They recognised how this gave people a sense of overall well-being and ensured the family feel of the home. This was evident throughout our inspection with the general conversations and banter which were observed. People commented: "We have a laugh and a joke here" and "I get on really well with the staff and we have a lot of laughs. I like them all." The caring nature of staff extended to people's relatives, offering them with both practical and emotional support on an on-going basis.

- Staff ensured people received the best possible care and support. For example, supporting the various activities and events which happened at Bodmeyrick Residential Home. Staff believed in the importance of these events and the coming together as a community. Staff also took people to Holsworthy Christmas fair which gave people a sense of community inclusion and were able to meet up with their families.
- The service had signed up to a postcards of kindness scheme. The scheme is for the people who do not receive any post. The postcards received are from other individuals who belong to the scheme, informing people of their adventures. The registered manager recognised the importance of everyone being included in the daily post distribution. People loved receiving the postcards and felt truly valued as individuals.
- The registered manager and provider truly valued the well-being of staff. They saw this as key to running the service as well as possible. Staff had recently attended a resilience training course run by a clinical psychologist. This was about looking after their own well-being and mental health. Following the training, the registered manager introduced a positive feedback folder for each staff member. Staff could then put positive comments for staff to refer to if they are having a bad day. Caring about staff well-being was also seen as very important in order for them to support people in a kind and compassionate way.

#### Respecting and promoting people's privacy, dignity and independence

- Staff adopted a strong and visible personalised approach in how they worked with people. For example, staff spoke of the importance of empowering people to be involved in their day to day lives. People felt that their care was focussed on their individual needs. Staff treated people with dignity and respect when helping them with daily living tasks. A person commented: "The staff are very respectful of me and my decisions."
- The staff groups training, knowledge and empathetic nature meant they recognised maintaining people's dignity was essential to them feeling valued, respected and genuinely cared for. Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening. A person commented: "They (staff) are very respectful of my privacy." We observed staff sensitively supporting people throughout our inspection.
- Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care. One person commented: "The staff help me be independent, they know I like to be independent. They help me with personal care, but I do most of the washing myself and they just help me with the parts I can't reach."
- The service's visions and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence, inclusion and people having a real sense of worth and value. Staff expressed a passion for providing high quality care. Our inspection found that the organisation's philosophy was definitely embedded in Bodmeyrick Residential Home.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support specific to their needs and preferences. There was an understanding of seeing each person as an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. All staff took pride in their work and our conversations with them showed they worked as a team to create a better quality of life for people.
- Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences.
- Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.
- Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical and mental health needs, personal care, communication and eating and drinking. Staff said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People engaged in a variety of activities of their choosing and spent time in the local community. For example, arts and crafts, coffee mornings in Holsworthy, visiting outside entertainers and various events organised by the service. People were encouraged to maintain relationships with their friends and family.
- Various fund-raising events had happened in order to buy an innovative interactive table which uses light projections. The table is proven to enrich the world of people living with a dementia. This was in use at the time of our inspection and people clearly found the games stimulated them cognitively, physically and socially.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were able to communicate with and understand each person's requests and changing moods as they were aware of people's known communication preferences.
- Care records contained clear communication plans explaining how people communicated and information about key words and objects of reference they used to express themselves.

Improving care quality in response to complaints or concerns

- There were regular opportunities for people, and people that matter to them, to raise issues, concerns and compliments. This was through discussions with them by staff on a regular basis and people having access to complaint forms. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint.
- A system was in place to record complaints. Complaints were acknowledged and responded to in an appropriate time frame and other professionals informed and involved where appropriate.

End of life care and support

- People's end of life preferences and choices were explored where appropriate. These included their cultural and spiritual needs.
- People were supported to have peaceful, comfortable and dignified end of life care in line with national best practice guidance. At the time of the inspection there was no-one receiving this type of service. The registered manager said, in the event of this type of support, they worked closely with the community nursing team, GP's and family to ensure people's needs and wishes were met in a timely way.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Bodmeyrick provided people with safe, effective, compassionate and high-quality care. The management team actively promoted a relaxed and welcoming atmosphere. The service strived to provide people and those that matter to them with rich and fulfilled lives. Since our last inspection, the team had actively sourced new opportunities for people to connect with the world. For example, linking with the whole community on a continual basis.
- The management team were forward thinking on how they looked at making sure activities were meeting people's needs. They saw people with dementia may need additional stimulus, so have now introduced the sensory room and interactive table. They provided strong leadership; were good role models for all staff and drove up excellent practice to provide people with opportunities. They had established a service where staff were clear about the values and ethos of the service. It had a positive culture that was person-centred, open, inclusive and empowering. Staff were motivated and proud of their service. They said the management team listened to them and took on board their suggestions. For example, sourcing additional activities to enhance people's lives. They appreciated the sense of working together as a team. Staff commented: "The management are fantastic, so supportive. (Registered manager) goes above and beyond to help. I love working here" and "(Registered manager) calls in everyday, really good management team."
- Staff were supported to reach their true potential. They were encouraged to obtain additional qualifications and suggest training which would benefit the people living at Bodmeyrick. Staff were supported to develop their skills through induction, national recognised care certificates together with a wide range of additional courses which assisted in providing staff with the skills and knowledge needed to care for people appropriately. A staff member commented: "Management have really invested in me. I started here as a cleaner, no qualifications, lacked confidence and self-esteem. I progressed so much that I am now a senior and am doing my level three diploma, have confidence and self-esteem."
- Staff were encouraged and supported to specialise in certain areas. The home had 'champions' which included for incontinence, safeguarding and moving and handling. The champions had been encouraged to undertake specialist training in these areas to ensure information was disseminated to the entire staff team which was current and up to date in order to support people in the best possible way. For example, increasing staff understanding of the importance of how to move people safely with appropriate equipment.
- Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open culture. Staff confirmed they were kept up to date with things



affecting the overall service via team meetings and conversations on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system which occurred at each shift change.

- The provider had introduced a monthly staff bonus scheme that recognised when staff 'went the extra mile'. Staff were provided with a certificate, which was displayed in the entrance hall and were given vouchers of their choice.
- The service had implemented a duty of candour policy to reflect the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Health and Social Care Act 2008 (Regulated Activities) (Amendments) 2015. This set out how providers need to be open, honest and transparent with people if something goes wrong. The registered manager recognised the importance of this policy to ensure a service people could be confident in.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Bodmeryck is a very important part of the community. Community links had been and continued to be developed which reflected the changing needs and preferences of the people living at the service. For example, last Christmas they had a Christmas light switch on which the mayor was a part of. The whole community were invited, including professionals who have regular contact with the service. Many local businesses donated raffle prizes which raised funds to buy the interactive table. The community nursing team sang Christmas carols. The event had a positive impact on people as they felt truly part of the local community. Some people also managed stalls which meant they felt valued as part of the team. Plans are now already in place ready for Christmas 2019. Another example was the service saw multi-generational involvement as an important way to ensure people's lives were enriched. Children visited the service on a regular basis and spent time with people. People told us how much they enjoyed these events and how important it was for bringing the old and young together and made them feel 'alive.' This also provided the young people with learning about dementia and opportunities to improve their social skills.
- People's views and suggestions were taken into account to improve the service. Resident meetings took place which took into account people's views about the food choices and recycling. Surveys had been completed by people using the service. The survey asked specific questions about the standard of the service and the support it gave people. Where suggestions had been made these had been implemented. For example, a wider variety of activities implemented and a wider choice of food. The registered manager recognised the importance of ever improving the service to meet people's individual needs. This included the gathering of people's views to improve the quality and safety of the service and the care being provided.
- Our conversations with staff and the registered manager showed people protected under the characteristics of the Equality Act were not discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager recognised how certain relatives would greatly benefit from some dementia awareness training as they were struggling to understand and support their loved one's needs. As a result, the registered manager provided them with some training to help them to understand how best to support their relative. This has led to an enhanced relationship with their relatives through an improved understanding of dementia.
- Extensive audits were completed on a regular basis as part of monitoring the service provided. For example, checks reviewed people's care plans and risk assessments, medicines, incidents, accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans had been updated and maintenance jobs completed.

- The registered manager had notified CQC in full about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe. The provider had displayed the rating of their previous inspection in the home, which is a legal requirement as part of their registration.

#### Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and community nursing team. Regular reviews took place to ensure people's current and changing needs were being met. Professionals commented: "Really good team and good at contacting when needed. Always act on advice" and "I feel the management team is strong, good leaders. It's the personalisation of care that is provided at Bodmeyrick. Staff team are very good and always act on advice and recommendations."