

Cheerhealth (Bedhampton) Limited

Bedhampton Nursing Home & Specialist Care Unit

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

Summary of findings

Overall summary

About the service

Bedhampton Nursing Home and Specialist Care Unit was providing personal and nursing care to 39 people at the time of the inspection. The service can support up to 49 people. The service supports older people and younger adults who may have a sensory impairment or physical disability.

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

People received exceptional personalised care that met their needs and preferences. The service worked extremely hard to ensure people achieved their goals and enjoyed a good quality of life. Staff went to exceptional lengths to ensure people had access to a wide range of activities that met their individual needs. People's communication needs were met using innovative methods and staff demonstrated a comprehensive understanding of the importance of this.

Staff were motivated to provide and maintain high standards of personalised care which treated people with dignity and respect. People and relatives consistently praised the caring nature of the staff.

People were kept safe from avoidable harm. Staff recognised the risks to people's health, safety and well-being and knew how to support them safely. People received their medicines as prescribed. The environment was very clean and good infection control procedures were observed.

Healthcare professionals told us that the service worked very well with them, to provide good outcomes for people. People were positive about the food and drink. Staff were supported in their roles and had received training, so they were able to support people effectively.

People knew how to raise concerns. They had confidence in the registered manager and numerous complimentary comments were given about the running of the service.

A quality assurance system was in place to continually assess, monitor and improve the service. People, relatives, health and social care professionals and staff told us they would recommend the home to others.

We found the service met the characteristics of Outstanding in Responsive and Good in Safe, Effective, Caring and Well-led. More information is available in the full report.

Rating at last

The last rating for this service was good (published 31 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

There is no required follow up to this inspection, however we will continue to monitor the service through information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally 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.

Bedhampton Nursing Home & Specialist Care Unit

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

One inspector and an Expert by Experience carried out this inspection. 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

Bedhampton Nursing Home and Specialist Care Unit is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 reviewed all the information we held about the service including notifications received by the CQC. A notification is information about important events which the service is required to tell us about by law. 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.

During the inspection

We spoke with 10 people and seven relatives. We spoke with 11 members of staff including the registered manager, deputy manager, a registered nurse, a physiotherapist, care workers, a handyperson, a chef and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with one volunteer. We reviewed a range of records. This included the care and medicine records for six people. We looked at four staff recruitment and supervision records and records relating to the quality and management of the service.

After the inspection

We asked the registered manager to send us some information including rotas, the training matrix and some policies and procedures. These were sent to us. We also asked for feedback from professionals who regularly visit the service and five responded.

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.

Using medicines safely

- People received their medicines as prescribed, although improvements were needed to ensure this was always documented consistently. For example, topical medicine administration records (TMARs) were not always filled in correctly. The registered manager sent us information following the inspection that demonstrated these records were now being consistently completed.
- Some people received creams and medicines on an 'as required' or PRN basis. Some people did not have PRN protocols in place, which meant staff did not have appropriate guidance as to when people may need these medicines. However, only nurses who knew people well administered these medicines, which mitigated the risk of people not receiving these medicines in the most effective way. Following the inspection, the registered manager confirmed that detailed PRN protocols had been put in place for all people.
- People confirmed they were happy with the support they received regarding their medicines. Arrangements were in place to ensure people received time specific medicines at the right time. One person told us, "They [staff] make sure I take my medication regularly and without delay."
- The ordering, administration, storage and disposal of medicines was safe.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe and protect them from potential abuse. People told us they felt safe living at Bedhampton Nursing Home. One person told us, "I feel totally safe here."
- Staff had received training in safeguarding adults and knew how to recognise abuse and protect people. All staff we spoke with demonstrated a good understanding of their safeguarding responsibilities.
- Records of investigations into concerns were maintained and relevant agencies were informed as appropriate.

Assessing risk, safety monitoring and management

- Risks to people's personal safety had been assessed. Risk assessments were in place for areas such as malnutrition, skin integrity and choking. These detailed the plans to monitor and minimise these risks for people. The service had recently introduced a tool to assess the risk of dehydration. The registered manager told us that guidance about how to reduce these risks, would soon be added in people's care plans.
- Staff were aware of people's risks and told us about the actions they took to promote people's safety and wellbeing. For example, one person needed their food presented in a specific way to reduce the risk of choking, the risk assessment provided staff with clear guidance and staff were knowledgeable about this.
- Some people were assessed as being at risk of conditions such as skin breakdown and constipation and

had monitoring charts in place to monitor these risks. We saw that some of these monitoring charts contained gaps, which meant people's risks may not be effectively monitored. However, this information was included in people's daily records and we saw that appropriate action was taken when required. We discussed this with the registered manager who told us following the inspection they had implemented a system to ensure all monitoring charts were completed appropriately.

- Environmental risk assessments were carried out to consider any risks to people, staff or visitors.
- The home had an emergency plan in place which provided guidance for staff in the event of an emergency or failure of utilities. This included contact details of key personnel and external contractors.

Staffing and recruitment

- There were sufficient numbers of staff available to keep people safe.
- Staffing levels were determined by the number of people using the service and the level of care they required.
- People and relatives spoke positively about the staffing levels.
- Agency staff were used to cover staff shortages to ensure sufficient staffing levels were maintained and to cover sickness and annual leave. The registered manager and staff told us they used the same agency staff regularly to provide continuity for people.
- Safe recruitment practices were followed before new staff were employed to work with people. The relevant checks were made to ensure staff were of good character and suitable for their role.

Preventing and controlling infection

- Procedures were in place to protect people from the risk of infection. Staff had received training in infection control and were knowledgeable about how to prevent the spread of infection.
- Personal protective equipment (PPE) such as gloves, aprons and hand sanitizer were located around the home and we observed these being used appropriately.
- One person had an infectious disease. Effective systems were in place to ensure the risk of this spreading was minimised.
- There were dedicated cleaning staff who followed schedules to ensure the home was clean and odour free.

Learning lessons when things go wrong

- Incidents and accidents were recorded, acted upon and analysed for learning to prevent similar incidents from occurring again. Learning was shared with staff during staff meetings, handovers and supervision.

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.

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

- People's needs were assessed prior to moving to the service and appropriate referrals made to other services, to ensure people's holistic needs were met.
- Best practice guidance was used to ensure consistency of practice. For example, nationally recognised tools such as the multi universal screening tool (MUST), were being used to assess people's nutritional risk.
- Staff were knowledgeable about people's needs and explained how they supported people. We saw this was in line with the information recorded in people's care plans.

Staff support: induction, training, skills and experience

- People were supported by staff who were knowledgeable, skilled and well-trained to carry out their roles effectively. One person said "I have confidence in the staff as they know what they are doing. I suppose that comes with training." Another person said, "Staff are excellent in what they do, without a doubt."
- New staff received an induction which included shadowing more experienced staff and completing the nationally recognised Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and effective care.
- Staff had completed regular training to support people effectively which included, safeguarding, infection control, moving and handling and the Mental Capacity Act. Some staff were also provided with training that was specific to people's needs, such as diabetes. Clinical staff were supported to take part in training to enable them to maintain their NMC (Nursing and Midwifery Council) membership.
- The service employed a training manager who arranged and monitored staff training needs. This helped to ensure that training was updated in a timely way and staff were provided with ongoing support. Staff felt they received a good standard of training which helped them to effectively support people and meet their needs.
- Most staff received regular supervisions and appraisals. This meant staff had a formal way of discussing their work at the service, personal development and their well-being. However, two staff members told us they did not have frequent formal supervision. We discussed this with the registered manager who told us they had plans to ensure all staff received regular supervision in future. Despite this, most staff told us they felt supported by the registered manager and felt able to gain support from them at any time.

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

- People and their relatives were happy with the food provided. We saw menus were displayed and people were offered alternatives if they wished. One person told us, "We get a good choice and variety when it

comes to food."

- People's individual dietary needs were assessed and met. One person told us, "Because of my diabetes, they make sure I get a diabetic diet." We saw guidance was in place from the speech and language therapist where people had swallowing difficulties and staff followed this to keep people safe.
- When people needed support to eat and drink, this was done sensitively and with care.

Adapting service, design, decoration to meet people's

- The adaption of the service was suitable for the people who lived there. There were communal areas for people to be together, appropriately adapted bathrooms and access to the garden. People had their own rooms and were able to personalise these as they wished.
- The service provided a comfortable environment for people, that was clean, spacious and provided a choice of where people wished to spend their time. One health care professional said of the environment, "Standards of cleanliness have been excellent. The building (particularly since it was extended) is superb."
- People were involved in decisions about the premises and environment. For example, people were involved in choosing the new carpet in the conservatory.

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

- People were supported to access services to maintain and improve their health. They told us they received healthcare support when they needed it. One person told us, "If I ever need medication or a doctor they [staff] will quickly arrange this for me."
- The management team and staff worked well with external agencies such as social workers and GPs. Support was accessed if people's needs increased. For example, a health professional told us, "Their requests for home visits have always in my experience, been done in a timely manner and for appropriate reasons."
- When people were admitted to hospital, staff provided written information about them to the medical team, to help ensure the person's needs were known and understood.
- Staff felt they worked well as a team to ensure everyone was aware of each person's support needs or any changes. Daily handovers took place to ensure important information about people was shared.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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.

- People told us they were asked permission before staff acted. One person told us, "They will always ask first before doing anything with me."
- Staff ensured that people were involved in decisions about their care as much as they were able; and knew

what they needed to do to make sure decisions were taken in people's best interests.

- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff and the registered manager understood their role and responsibilities in relation to DoLS. Applications had been made appropriately.

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 remained the same

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were consistently positive about the caring nature of the staff. Comments included, "The staff are so kind and caring to me. They are always there whenever I need them.", "The staff here are really caring in every way you look at it. I don't know where I would be without them." and "They [staff] are so kind and take care of us very well."
- Staff had developed positive and caring relationships with the people they supported. We saw staff had a good rapport and interacted well with people; they demonstrated warmth, understanding and kindness.
- Staff placed value on the relationships they formed with people. One staff member told us, "I enjoy interacting with the residents. I get attached, I want what's best for them, it pulls your heart strings if they become unwell."
- The registered manager told us that some staff "went above and beyond" their role. For example, some staff enjoyed taking people out in the community in their own time.
- The registered manager and staff told us that they would always aim to ensure people's equality, diversity and human rights were respected and supported. Whilst they did not always ask questions about all protected characteristics during the assessment stage, they told us they would ensure they looked at any specific needs during care planning. The registered manager was confident people's protected characteristics would be supported and that no discrimination would take place or be tolerated. Staff confirmed this.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care, for example, when they wanted to get up, what they wanted to wear and how they wanted to spend their time. One person told us, "They [staff] allow me make decisions on anything and they respect that. It feels like being at home." Another said, "I talk to staff about my care needs and they work with me all the way to make life better for me."
- Meetings were held with people and family members. Records of these meetings were kept and suggestions were invited from people about changes to the service provided.
- People were supported to continue in their faith and a regular service was held in the home.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was promoted, and people were respected. One person told us, "I feel that they [staff] respect me and treat me with kindness."

- Dignity and respect were discussed during meetings and records demonstrated that people had confirmed they felt they were treated with dignity and respect from staff. Staff spoke about the importance of treating people with dignity and respect and provided examples of how they did this.
- People's right to privacy and confidentiality was upheld. We observed that staff knocked on people's doors before entering and 'do not disturb' signs were hung outside people's doors when they were being assisted with personal care or wanted privacy. People's confidential information was stored securely.
- People's independence was promoted. One person told us, "They [staff] encourage us to do things by ourselves." Guidance was recorded in people's care plans which promoted independence, and staff were able to describe ways of maintaining people's skills.
- Relatives confirmed there were no restrictions when they visited, and they were always made to feel welcome.

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 improved to outstanding.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Staff at the service demonstrated exceptional care to ensure activities were personalised for people. For example, they had just organised for a volunteer to spend time with one person who stayed in their room who did not use English as their first language. This volunteer spoke the person's language and the service had recognised how this would benefit the person. This demonstrated truly person-centred practice.
- A 'wish tree' had also been set up. People expressed their wishes and aspirations for the future which were attached to the tree. We saw photographs of people realising their wishes with the support of staff and numerous examples of people's achievements were provided. One person had expressed a wish to be involved in the D Day celebrations held at the home. They gave a talk about their own experiences which made them feel valued. Another person used to meet with their family on a regular basis for breakfast and hadn't been able to do this for the last two years. They wanted to surprise them by going again. The service supported them with this and the person and family were delighted with the surprise. Another person had never held a new born baby and a staff member brought in their new born grandchild for them to hold. The registered manager told us, "Some of these things are small but they mean so much."
- There was a regular programme of activities and social events that people could participate in if they wished. This included, singers, quizzes and art and craft activities. The home subscribed to 'the Daily Sparkle' which is a reminiscence and activity tool designed to stimulate personal memories. One to one activities took place with people who stayed in their rooms. Garden parties and themed parties were also organised. We saw photos of an 'Alice in Wonderland' tea party. The registered manager told us they had organised it because they realised a person loved the story. The person couldn't believe how much effort the home had gone to, particularly as they were there for respite.
- Birthdays and special days were also celebrated. People received gifts on their birthdays, Easter and Christmas. The service was decorated according to the event being celebrated. For example, hearts and balloons were put up on Valentine's day and each person received a red rose and a chocolate heart on their breakfast tray. One person had chosen to renew their wedding vows and this celebration had taken place in the home.
- People were supported to maintain positive links with the community. Children from the local nursery and school were frequent visitors to the home. Research undertaken by Age UK shows the numerous benefits of intergenerational care. The service took part in an inter-homes quiz and were proud to be the winners. A recent coffee morning had been organised where money had been raised for charity.

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

- People described receiving exceptional care that was personalised and tailored to meet their individual needs and wishes. Comments included, "They [staff] do understand all my needs and I am so grateful for that.", "The carers work hard in helping us lead our lives just the way we want." and "They are so good here and I feel that I am looked after very well. I cannot think of anything to add but I get an excellent service in this home."
- The service made an exceptional effort to ensure people lived the best quality of life they could. They tailored the support provided to help people reach their goals. For example, they employed a regular physiotherapist in the home who worked with individuals in order to help them reach their potential. The physiotherapist told us, "We worked with one person, the hospital told us [Name] didn't have rehab potential but we got him back on his feet, it was amazing." The registered manager also told us of another person who had been admitted to the home who had been dependent on staff for all activities of daily living, including mobilising and being fed through a tube. This person was now walking and eating independently and was looking forward to returning home.
- Feedback from healthcare professionals demonstrated that people received care that was responsive to their needs. For example, one healthcare professional told us, "I have to say I have always been very impressed with the nursing home ... "I feel they [staff] have been responsive to my patient's needs."
- People's care was reviewed regularly. The registered manager monitored this to ensure any concerns were acted on. One person told us, "Staff talk to me about my care and they make sure that I'm fine with everything."
- Some care plans were personalised, but the registered manager was aware that others needed to be more person centred and had implemented plans to ensure this development was made.

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.

- The service used innovative ways to ensure people's communication needs were assessed, planned for and met. For example, one person was supported to use an eye gaze device. This is a way of using eye movement to interact with a computer programme that supports the person to communicate. Another person used a letter board and staff had learnt how to use this.
- Staff told us of the importance of understanding people's communication needs. For example, one person's first language was not English. A staff member told us, "I like to get a bond with the residents, we put [language] words up in his room. When we speak in his language, his eyes light up. He tells you what he needs now."
- Staff were knowledgeable about people's differing communication methods and this information was recorded in people's care plans.

End of life care and support

- People received extremely compassionate and sensitive care from compassionate staff at the end of their lives.
- The service had good working relationships with healthcare professionals and specialists to ensure joined up care that promoted dignity and comfort when a person reached the last stages of their life. One healthcare professional provided us with an example of a person receiving "excellent" care which meant "they were beautifully cared for" during the last stages of their life.
- The service also made sure that facilities and support were available for people's family and friends at that time, and they felt involved. Feedback from relatives showed their high appreciation of the dedicated care

and support they had received when their relatives died. One family member had written a thank you letter which stated, 'Thank you for making a very sad afternoon beautiful for us.' Staff attended people's funerals and flowers were given to show their sorrow. The service held remembrance tea afternoons where families were invited to remember their loved ones.

- The provider had also produced a 'Coping with dying' booklet for people, relatives and staff. This was detailed guidance explaining what to look for and how to support people, practically and emotionally, at each stage of their end of life care.
- The registered manager went above and beyond to ensure staff were well supported regarding end of life. An example of this was when the registered manager had recognised that staff may find one person's end of life support difficult. They had organised a support group and one member of staff told us how much it had helped them. Staff had received training on supporting people at the end of their lives.
- Not all people had care plans in place about their end of life wishes. We discussed this with the registered manager, who told us that some people had chosen not to discuss this. However, they were working with people and their families to ensure this information was captured at the appropriate time.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people told us they felt able to raise concerns although no one had any complaints at the time of our inspection. One person told us, "If I ever felt like making a complaint, I would speak to the carers here or [registered manager], she is a wonderful lady. She really does care about us so much and she means it, bless her, I know it would be sorted out."
- We viewed the complaint records and saw each had been investigated and responded to, in accordance with the provider's policy.
- The provider told us they used complaints as an opportunity to learn from and improve the service.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us they were extremely happy with the service and that people received personalised care. Comments included, "This home is excellent in every way.", "This is an excellent home, second to none. I get 5-star service." and "I wouldn't hesitate to recommend this home, it's the best place I could be."
- We saw numerous positive comments in surveys, letters and 'thank you' cards. One person had written on a survey, 'Since I arrived here, life has been one long holiday. I have never received so much care and attention since I was a very small child. After living on my own for 14 years it is reassuring to have so many caring and highly competent people around me.' A relative had stated on a 'thank you' card, 'Thank you so much for the care and attention you gave to my wife. It was 5-star treatment from 5-star staff.'
- Health professionals were also extremely positive about Bedhampton Nursing Home. One said, "In my opinion Bedhampton Nursing Home is actually the best nursing home in my patch. I can't fault them." and another told us, "It has long been said that Bedhampton Nursing Home is one of the best, if not the best nursing home in our whole locality (Portsmouth, South East Hampshire and Fareham and Gosport CCGs)."
- The culture of the home was very positive, and people lived in a homely and friendly environment. The registered manager promoted a caring service and led by example. We saw that they were accessible to people and staff throughout the inspection and there was an open-door policy for all.
- People and relatives were highly complementary about the registered manager. Comments included; "The manager is so approachable, I think everyone in this place likes the way she runs things.", "[Registered manager] is excellent in her work, she is a very good manager and we all love her here." and "I give due credit to the manager. She is a very kind and caring person. She is a very good listener and will do everything in her powers to help you. I wish they could clone her into several and distribute her all over Portsmouth."
- Staff told us they felt valued and listened to and were positive about the support they received from the management team. One staff member told us, "[Registered manager] is wonderful, she's the reason why I'm here. She's firm but fair, she supports you and you can talk to her about anything. I couldn't praise her enough."
- Some staff and a volunteer told us they worked at Bedhampton Nursing Home because they had previously been involved with the service either professionally or personally. One staff member told us, "I think it's very good and very safe here, they did a wonderful thing for my family that I will never forget." Another staff member told us, "I used to come in as a [job role], I was impressed with what they did and thought I would

like to work here, and I wasn't wrong."

- Staff worked as a strong cohesive team, and there was a shared spirit of providing a good quality service to people. One member of staff told us, "The best thing about working here are the relationships with residents and staff, it's like a family. I enjoy coming to work."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider demonstrated an open and transparent approach to their role. Where any safeguarding concerns were raised, or accidents occurred, relevant people were informed, in line with the duty of candour requirements, and CQC were notified of all significant events.

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

- The service was very well organised and had highly effective leadership. There was a clear management and staffing structure and staff were aware of their roles and responsibilities. The nominated individual took an active part in the running of the home and along with the registered manager, ensured that their regulatory responsibilities were met.

- The registered manager fulfilled their regulatory requirements by submitting notifications to CQC about events and incidents that happened in the service as required by law. A copy of the latest inspection rating and report was also on display at the home as required.

- A range of audits to check and assess the quality and safety of the service were regularly carried out. Information and identified trends were analysed by the registered manager with actions identified to ensure people were protected and safe.

- Following the inspection, the registered manager told us that they had improved their medicines audit to include the areas of topical creams and PRN protocols to ensure that they were able to assess these going forward.

- The nominated individual and registered manager kept themselves up to date with developments and best practice in health and social care, to ensure people received positive outcomes. They participated in the local registered managers forum, to learn from others and share good practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- People and relatives had opportunities to feedback their views about the home in a variety of ways. The feedback received was predominantly positive. Where suggestions had been made, the provider had addressed these. For example, some people had asked that they had a dedicated arts and crafts area and we saw this had been set up.

- Meetings were held with staff during which staff were given the opportunity to discuss issues and give their views.

- The registered manager and staff worked closely with multi-disciplinary teams to ensure people received effective, joined up care. One member of staff told us, "We have several people with Huntington's disease. We have a good relationship with the Huntington's Society. They recommend us when someone needs a nursing home."

- Health and social care professionals were extremely complimentary about the registered manager and staff team and the care provided at Bedhampton Nursing Home. One told us, "I feel [Registered manager] has a very good grasp of the patients under her care. The care and administrative staff have always been caring and welcoming and I have seen nothing that would be deemed as unsafe. In fact, if I had a relative who required nursing home care, Bedhampton Nursing Home would be top of my list."