

Ferndale Healthcare Limited

Ferndale Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ferndale Nursing Home is situated in Crawley, West Sussex. It is a residential 'care home' for up to 28 older people, a majority of whom are living with dementia. Some people also required support with their nursing needs. At the time of the inspection there were 28 people living in the home.

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

Not all risks were well-managed. There was a lack of consideration and processes to ensure that people who required texture modified food or fluids were supported appropriately. We recommended that the registered manager sought advice and guidance from a reputable source.

People told us they felt safe and there was enough staff to meet their needs. People felt reassured and well-cared for by a small, consistent staff team. Risks in relation to people's hydration, nutrition and falls were well-managed and people had received safe care. Staff knew the signs and symptoms that could indicate people were at risk of abuse. Medicines were managed safely, and people had received their medicines when they needed them. Infection prevention was maintained, and people were protected from the spread of infection.

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. People told us they had confidence in the abilities of staff. There was a coordinated approach to people's healthcare and the registered manager and staff worked with people's GP to ensure people received appropriate care to maintain their health or if they were unwell. People told us they were happy living at the home and that staff met their needs.

People received care from a small, dedicated team who demonstrated kind and compassionate care. Staff told us they cared about people and this was observed in practice as staff worked hard to ensure that people were treated in a respectful, considerate and affectionate way. A member of staff told us, "We are very proud of what we do, and what we do, we do with love." A relative told us their loved one had become more settled and reassured since living at the home, they told us, "I like it here, they're so considerate and affectionate. My relative seems much happier since they've been here." People were treated as individuals and staff respected their right to be treated with privacy and dignity.

People were central to the care delivered. Staff worked hard to ensure that people's needs, and their care were prioritised. Staff were responsive to people's needs and had accessed best practice guidance and used their knowledge and skills to ensure people who were living with dementia were supported appropriately. People told us there was enough to occupy their time and they enjoyed the stimulation and activities. Staff interacted with people and ensured that they were not socially isolated. People were able to plan for care at the end of their lives to ensure they were provided with care that met their needs and preferences.

The home was managed well. The provider's aims of ensuring that people's well-being and comfort was of prime importance was demonstrated by the provider and staff. People, relatives and staff were complimentary about the leadership and management of the home and told us that if they raised concerns or issues these were listened to and acted upon. There was good oversight of people's care from the provider and the committed staff team who worked together to ensure people's comfort was maintained.

Rating at last inspection

The last rating for this home was Good. (Published 24 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow-up

We will continue to monitor information we receive about this home until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last inspection, by selecting the 'all reports' link for Ferndale Nursing Home on our website at www.cqc.org.uk.

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Ferndale Nursing 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 undertaken by one Inspector.

Service and service type

Ferndale Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or 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 home had a manager, who was also the provider, they were registered with the Care Quality Commission. This means that they are legally responsible for how the home is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the home since the last inspection. We had not asked the provider to submit a provider information return (PIR) since the last inspection. A PIR is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. A discussion took place with the provider to enable them to share this information with us. We took this into account when making our judgements in this report. We contacted the local authority for their feedback about the home.

During the inspection

We observed the care and support people received. 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 and three relatives, four members of staff and the two providers, one of whom was the registered manager. We reviewed a range of records about people's care and how the service was managed. These included the individual care and medicine administration records for five people. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the home, which included policies and procedures, were also reviewed.

After the inspection

We sought assurances from the provider in relation to Deprivation of Liberty Safeguards (DoLS), texture modified diets and fluids.

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 deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Not all risks to people's safety had been fully considered and this placed people at increased risk of harm. Some people had been assessed by a speech and language therapist (SALT) and required a texture modified diet due to their increased risk of aspiration and choking. The registered manager had ensured that people were provided with meals that were in accordance with people's assessed needs but had not ensured they held all appropriate guidance from the SALT. Due to this, they were unaware there were some foods and mixed-texture foods that should be avoided, as they had the potential to increase the risk of choking. Records showed, and staff confirmed that people had sometimes been given foods that were classed as high-risk foods that should be avoided for people assessed as requiring a texture modified diet and this placed them at potential risk of harm.
- Three people had difficulties swallowing fluids and had been prescribed a thickening agent by their GP to thicken their fluids. A referral to a SALT had not been made and therefore people's swallowing abilities had not been assessed to ensure they were provided with thickened fluids at the correct consistency for their needs. Staff had ensured that people were provided with drinks that met the required consistency but had not recognised that other foods were not prepared to the required consistency. For example, records showed, and staff confirmed that all three people had been provided with gravy, sauces and cream that had not been thickened before they were provided.
- Staff were observed using a thickening agent that had not been prescribed. When the provider was asked about this they told us that they sometimes purchased a thickening agent to hold as their own stock so that if people experienced difficulties swallowing they could use their professional opinion and thicken their fluids whilst waiting for the person to be prescribed the thickening agent. This was not safe practice and placed people at potential risk of harm.

We recommend that the registered manager seeks advice and guidance from a reputable source to ensure they are providing texture modified foods and fluids in a safe way and in accordance with people's assessed needs.

When these concerns were raised with the registered manager they provided assurances that they would ensure referrals were made to SALT to ensure people's needs were appropriately assessed. They explained that thickening agents would not be purchased and would only be provided to people if they were prescribed.

- People told us they felt safe. The registered manager was aware of potential risks of falls yet ensured that people's freedom and mobility was not restricted. Consideration had been made about how falls could be

minimised for one-person and they were able to continue to mobilise independently with the close supervision of staff.

- People who required assistance with manual movement were supported appropriately. People were provided with equipment that was checked to ensure it remained safe and staff were provided with appropriate guidance about how to support people in a safe and effective way.
- Plans to provide guidance to staff about how to support people to evacuate the building in the event of an emergency contained clear and updated guidance about people's needs. Fire drills had been undertaken so that staff were able to practise evacuating the building in the case of an emergency.

Using medicines safely

- Medicines management was safe. People's medicines were administered by registered nurses and people were supported to have these when they needed them.
- When people required medicines 'as required' staff demonstrated good practice and asked people if they were experiencing pain or discomfort before administering medicines. This ensured that people were consulted before being provided with their medicines and meant that people were only given their medicines when they required them.
- Some people were living with dementia and did not always understand the importance of receiving their medicines. Staff had liaised with people's GP and the pharmacist to ensure that they were supported to have their medicines according to their needs and in their best interests.
- People's medicines were reviewed through regular GP visits to help ensure the prescribed medicines continued to meet people's current needs.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff understood the signs and symptoms that could indicate that people were at risk of harm.
- People told us they felt safe and comfortable with staff and they knew who to speak to if they were ever worried about their care.
- When incidents and accidents had occurred, the registered manager had considered these as part of their safeguarding policy to ensure that if required, referrals could be made to the local authority for them to consider as part of their safeguarding duties.
- Incidents were used as opportunities to learn and staff consulted with one another to ensure that people were receiving appropriate care or to determine if changes were required to the way people were supported.

Staffing and recruitment

- People told us there were enough staff and that when they needed assistance staff responded promptly and our observations confirmed this. There was a small, consistent staff team and staff told us this helped ensure that staff knew people's needs well. People and their relatives told us they viewed this as a positive aspect of the home as people responded well to staff as they were familiar to them. A relative told us, "They don't use agency staff and it is so much better as my relative knows the staff."
- Effective recruitment processes helped to ensure staff were safe to support people. The provider had assured themselves that staff were of good character and suitable for the role before they started work. Systems ensured that registered nurses held current registrations with the Nursing and Midwifery Council (NMC).
- Staff's skills and levels of experience were considered when allocating responsibilities. For example, staff told us that only registered nurses were allocated to support one person to eat and drink as they were at increased risk of aspiration.

Preventing and controlling infection

- People were protected from the spread of infection. The home was clean, and staff used protective equipment and disposed of waste appropriately.
- Staff responsible for preparing food had received appropriate food hygiene training.

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

Staff support: induction, training, skills and experience

- People and relatives were complimentary about staff's skills and abilities. They told us they were provided with effective care that met their needs. One person told us, "You couldn't fault the way they look after you."
- Staff had undertaken courses which the provider considered mandatory and had also been coached and supported by registered nurses to ensure their practice was competent. Registered nurses had been supported to attend healthcare courses to help retain their knowledge and skills and ensure their practice was current. Staff told us they received appropriate training to help them have the necessary skills to support people effectively. Staff were supported to undertake further courses to develop their knowledge and understanding. For example, staff told us they were being supported to undertake diplomas in health and social care.
- Staff told us they felt well-supported and could approach the registered manager and any member of the management team at any time if they required advice and guidance. Formal supervision meetings enabled staff to receive feedback, reflect on their practice and identify learning and development needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed in accordance with best practice guidance. Nationally recognised tools were used to assess people's risk of malnutrition and skin integrity. People had been supported appropriately to meet their assessed needs. For example, people had been assisted to regularly reposition to minimise the risk of pressure damage.
- People's personal and oral hygiene needs had been assessed and staff had been provided with guidance which informed them of the type of support people required. People told us they were supported appropriately and in accordance with their needs and they could choose when they received support.
- People assessed as being at increased risk of dehydration had received safe and effective care. There was clear guidance for staff and systems in place to ensure oversight of people's fluid intake to ensure they had enough to drink to maintain their health. People were reminded of the importance of drinking and staff regularly prompted people to enjoy a range of drinks to ensure their hydration was maintained.
- People's physical needs had been assessed and people were provided with equipment to enable them to be treated equally with others. For example, when people had physical disabilities they had access to hoists, wheelchairs or walking aids to support them to move and position.
- People and relatives told us they were confident that if people were unwell or needed medical assistance to maintain their health, that staff would contact GPs and other healthcare professionals. GPs regularly

visited the home and people's health was regularly reviewed to ensure they received appropriate care and treatment. Staff liaised and worked alongside external healthcare professionals to help ensure people received coordinated care. One person told us, "We have the doctor and I've had the dentist and optician round too."

- Technology was used so that people were able to call for staff's assistance by using call bells. When people were unable to use call bells, due to their levels of understanding, regular checks took place to help ensure people's safety. A sensor was available for one person so that staff were alerted when the person attempted to mobilise in their room in case they required assistance.

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

- People told us they enjoyed the food and had enough to eat and drink. People were provided with choice and their right to change their mind was respected.
- People were provided with specific foods to meet their dietary requirements. For example, foods for alternative diets were purchased so that one person could enjoy foods that others were eating whilst maintaining their health and well-being. When people were living with diabetes they were encouraged to have a healthy diet and low-sugar alternatives were provided if people wanted to enjoy sweeter foods.
- People could choose to eat their meals in the dining area, lounge or within their own rooms. Staff interacted with people when offering them assistance with eating to ensure a pleasurable and social experience.

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

- People had their own rooms if they wished to spend time alone or receive visitors in privacy. People's rooms had been personalised to create a familiar, homely feel for people, so they could spend their time with their own possessions around them. People told us they liked their rooms and felt comfortable living at the home.
- If people wanted to spend their time with others two lounges were provided, a larger, livelier lounge as well as a quieter area if people preferred. People were able to choose where they spent their time and staff respected their wishes.

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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider 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 were involved in day-to-day decisions that affected their care. When people had a health condition that had the potential to affect their decision-making abilities, their capacity had been assessed. When people lacked capacity to consent to decisions related to their care, decisions had been made in consultation with others and in people's best interests.
- Some people had Lasting Power of Attorneys (LPA). These are people who are legally able to make decisions on people's behalves. The provider had demonstrated good practice by obtaining copies of

people's LPA to assure themselves that people had appropriate legal authority to make decisions in people's best interests.

- Some people were unable to consent to staying at the home. The registered manager had made DoLS applications to the local authority to ensure that people were not being deprived of their liberty unlawfully. Some people's DoLS had been authorised by the local authority and had conditions which the registered manager was required to comply with. The registered manager had ensured that when people had conditions associated to their DoLS authorisations that these were known and adhered to.

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

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with dignity and respect. Staff were sensitive to people's needs and feelings and supported them in a compassionate and caring manner. Staff took time to support people effectively, they demonstrated patience and kindness when responding to people's needs. Staff respected people's individuality. One member of staff told us, "There are so many interesting people here with interesting backgrounds."
- People responded well to staff's approach. They were observed smiling, laughing and showing signs of affection towards staff. People told us that staff were caring and they were treated well. One person told us, "They are so good, they really are, you cannot fault the way they look after you. I like it here, it's very caring." This was also echoed by relatives. A relative told us, "I like it here, they're so considerate and affectionate. My relative seems much happier since they've been here."
- One person displayed signs of apparent anxiety and frequently called out and said they were hungry. Staff interacted with the person as if hearing their requests for the first time. They were respectful and concerned and offered the person drinks and snacks. They spent time with the person, speaking with them and using distraction techniques to allay the person's concerns. The person visibly calmed with this approach and it was evident that staff held appropriate skills to support people in a kind, considerate and effective way.
- People told us they felt at home and found the home warm, friendly and relaxed. Relatives told us they were welcomed when they visited their relatives and our observations confirmed this. People were able to continue relationships with those that were important to them. Staff recognised that when people were living with dementia that was in its advanced stages, they might need support to remember their relatives and friends. Guidance had been provided within some people's care plans advising staff of how the person could be supported. Staff had been advised to begin speaking about the person's relatives before they visited and to show the person photographs to prompt reminiscence.
- Information had been gathered about people's lives before they moved into the home. This helped staff have a better understanding of people's life experiences and needs. Staff demonstrated a good understanding about people and supported them according to their needs and preferences.
- People's privacy and dignity was maintained. Staff were discreet and sensitive when people required support and assistance with their personal hygiene needs. They supported people in a respectful and dignified way. One person was attempting to take off an item of clothing in the lounge in front of others. A member of staff discreetly intervened and redirected the person and asked them if they would like to accompany the member of staff who then proceeded to support the person in the privacy of the bathroom. When people required assistance to eat their meals staff supported them in a sensitive manner. They sat

alongside people and reminded them what the meal was. They demonstrated patience when supporting people and ensured that people were supported at an appropriate pace according to their needs.

- Staff were mindful of the importance of enabling people to retain their skills. People were encouraged and able to be independent. Staff monitored people and pre-empted when they might need additional support and assistance.
- Staff respected people's right to privacy and information that was held about people was securely stored on password protected computers or in secure cabinets.
- People's religious and cultural needs were established when they first moved into the home. Some people enjoyed visits from members of their local church or leaders of different faiths. A member of staff told us how this was valued by one person who responded well when they were able to practise their faith.
- Staff told us they cared and were fond of the people they supported, and this was demonstrated through their practice. A member of staff told us, "We are very proud of what we do and what we do, we do with love."

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

- People were involved in day-to-day decisions that affected their care. Staff were pro-active and anticipated people's needs yet still ensured people were provided with choice. They ensured people had the opportunity to make choices according to their abilities.
- People or their relatives, if appropriate, had been involved in initial and ongoing discussions about people's care to ensure staff provided support that continued to meet people's current needs and preferences.

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 Good. 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; 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;

- Person-centred care was evident through staff's approach. Staff were mindful of tasks that needed to be undertaken, yet prioritised people's needs and care above all else. This was recognised by one person's relative who told us, "The atmosphere here is so nice. They're so friendly and they are so attentive and concerned about people here."
- People and their relatives, if appropriate, had been involved in discussions about people's lives, preferences and needs. Staff had been advised about aspects of people's lives or health that might impact on the way they received care and demonstrated a good knowledge of each person as an individual.
- Staff were provided with appropriate guidance to help their understanding about supporting people living with dementia. This ensured that they were responsive to people's needs and mindful of how different situations and environments might affect them. For example, staff had been provided with advice that reflected best practice guidance when supporting people who are living with dementia. They had been advised that some people might find seeing their reflection in a mirror worrying and alarming as they might not recognise themselves and might think that it was another person looking back at them. Staff had been advised to monitor people's reactions and if they displayed signs of apparent anxiety they had been advised to cover-up the mirrors to ensure that people were not distressed.
- People had been asked about their interests and hobbies. People's social and emotional needs were considered and respected. Staff had made posters which were displayed on some people's bedroom doors. These contained pictures of the person's interests, favourite TV programmes or genres of music. Some people chose to spend time in their rooms and staff respected their right to choose. Other people who spent time in their rooms due to their frailty, were supported to continue to enjoy listening to their preferred music or watching television. People told us they did not feel isolated when in their rooms as staff took time to visit them and ensure they were okay. One person told us, "I don't get bored, they're always about and if I do need them I press my button and they soon come."
- People enjoyed activities such as colouring, ball games, and scrabble as well as outings in the local community. They told us there was enough to occupy their time and our observations confirmed this. When activities were not being provided staff took time to interact with people, sitting alongside them and engaging in conversations.

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.

- Consideration had been made to people's communication needs and levels of understanding. One person had a visual impairment. Staff had positioned the person's television directly in front of their chair in their room so that it was at an appropriate distance for them to watch. The person used a hearing loop so they could hear their television without disturbing others. A hearing loop is a special type of sound system for people to use with hearing aids. It provides a magnetic, wireless signal that is picked up by the hearing aid.
- Menus had been provided in larger font so that the person could choose, with staff's assistance, what they would like for their meals. Talking books were available for the person to listen to. The person told us how much they enjoyed playing scrabble. A larger-font scrabble set had been provided so that the person could continue to enjoy their chosen activity. Staff told us that it was well-known and of great amusement how well the person played, they told us staff always lost when playing a game with the person.
- When people were living with dementia and might find it hard to understand information that was provided to them, consideration had been made to ensure this was adapted. For example, photographs of the different types of meals were available to help people make choices as to what they would like to eat.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. There had been no formal complaints since the previous inspection. People and their relatives told us they were comfortable raising their concerns to the management team and they were confident that these would be listened to and acted upon. A relative told us, "I've spoken to the manager a couple of times about small things, and they address it and deal with it."

End of life care and support

- There was no one currently receiving end of life care. Some people were living with advanced dementia and deteriorating health and were provided with appropriate care that met their needs and ensured their comfort.
- People and their relatives, if appropriate, were supported to discuss and plan for care at the end of people's lives. Staff were provided with information about people's preferences so that people could be supported according to their previously expressed wishes.
- Compliments had been received from relatives acknowledging staff's caring approach when people had received end of life care.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was a family-owned home and managed by the providers, one of whom was the registered manager. The management team also consisted of deputy managers and senior staff. All the management team were either registered mental health or general nurses. Their experience, knowledge and passion were evident, as was their drive to provide compassionate care. The registered manager told us that their forte was to provide care for people who might be deemed to have complex needs and behaviours due to the advanced stages of their dementia. The provider's ethos was to provide 'first-class care'. Their aims were to, 'Provide a secure, relaxed and homely environment in which the care, well-being and comfort of our residents are of prime importance.' Staff shared this aim, and this was demonstrated in their practice. People were supported by staff that anticipated their needs and who provided effective care to ensure that people were cared for in a dignified, appropriate manner. A member of staff told us, "It's a flexible home. I get the time to give the type of care I like to give. I am proud of what we do, and I feel I can achieve that here."
- People and their relatives told us they felt the home was well-led. When asked why they felt the home was managed well, a relative told us, "It definitely is. The atmosphere here, they're very good, I just need to speak to them and things get sorted straight away." Another relative told us, "It's because it is so nice and so very caring." The management team were visible throughout the home, they were role models for staff and were observed supporting people if they needed assistance with their meals or drinks.
- Staff were complimentary about the leadership and management of the home. They told us they felt well-supported and valued. One member of staff told us, "I love working here, there are not many people who can say that about their work. I love what I do and [the provider] is my friend as well as my boss. It is really nice working with a husband and wife team."
- The registered manager had oversight of people's care as did the small, consistent and committed staff team. Audits of people's care which included accidents and incidents, helped to identify themes and trends. When one person had experienced falls the registered manager had analysed when these were occurring and what could be further implemented to minimise risk. This had included providing a sensor in the person's room during the night so that staff were alerted if the person attempted to mobilise and could go to the person's aid.
- The registered manager was aware of their regulatory responsibilities and had notified us of incidents that had occurred to enable us to have oversight to ensure appropriate actions were taken.

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

- People and relatives told us they felt involved in people's care and could approach staff and the registered manager at any time and were confident their comments would be listened to. One person told us, "They're very nice, any issues they immediately deal with, [registered manager] is such a jolly one." Relatives told us they were kept informed if there were any changes to people's health or needs and they felt confident they would be made aware if there were concerns about their loved one's care.
- The registered manager welcomed people's, relative's and staff's views and feedback. Surveys had been sent to gain feedback on the care people received. Feedback had been positive and demonstrated that people were happy with the care provided.
- People received coordinated care as staff worked alongside external healthcare professionals who regularly visited the home to ensure people's health needs were met.