

Tamhealth Limited

Flowerdown Care Home

Inspection report

50 Harestock Road
Winchester
Hampshire
SO22 6NT

Tel: 01962881060

Website: www.brighterkind.com/flowerdown

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13 November 2017

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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

Flowerdown Care Home provides accommodation for up to 48 people who require nursing, respite or end of life care and some people who were living with dementia. The home is located in a residential area of Winchester. There is a car park located at the front and there are gardens to the rear and side of the property. The accommodation is arranged over two floors and there is a lift available for accessing the first floor.

This inspection took place on 9 and 13 November 2017 and was unannounced.

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

The registered manager was dedicated and passionate in their role. They knew people's needs well and were prominently involved in the day to day running of the service. There were sufficient numbers of staff who were friendly and patient in their approach with people. Staff understood about people's preferences, routines and the support they needed to maintain important relationships.

People (affectionately) referred to the home as 'shabby chic' but the atmosphere "buzzing yet calm". There were plans to refurbish the home in the Spring 2018; everyone said they had been included and kept up to date with what is going to happen.

Staff were aware of their responsibilities in keeping people safe from harm and treated people with dignity and respect. People were encouraged to be as independent as possible and the service provided a range of individual activities to keep people stimulated and active.

All staff we spoke with put the people living at Flowerdown at the centre of everything they did. We saw examples of very good relationships between people, their relatives and staff. Relatives told us the staff knew their relative "very well" and had made them feel "included in their relatives care". People responded with happiness to staff spending time with them.

People were assisted by the use of technology and creative ideas from staff to enable them to make their wishes a reality.

Staff understood the need to gain consent and followed legislation designed to protect people's rights and freedoms. Staff understood people's individual needs and were able to make adjustments to ensure these needs were met. Where people received care at the end of their life, they were fully consulted and given choices about the care they wanted to receive.

Appropriate checks were made before staff started to work to make sure they were suitable to work in a care setting. Once in their role, staff benefitted from training, induction and programme of supervision, which helped staff remain effective.

Risks to individuals were assessed and monitored. When incidents took place, the registered manager reflected on the events to ensure learning was embedded for future practice. People were supported to access healthcare services when required. The service had a very good track record of working with different stakeholders in order to ensure people's needs were met.

People were monitored and encouraged with their eating and drinking where required and concerns about their health were quickly followed up with referrals to relevant professionals.

There was a complaints policy in place which people felt comfortable using if they had concerns.

Management and quality assurance systems were in place to drive continuous improvement and the service

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

Staff understood the steps needed in order to safeguard people from abuse and harm.

There were sufficient staff in place, who had been through an appropriate recruitment process to determine their suitability for their role.

Risks to individuals were assessed, monitored and mitigated.

There were systems in place to manage people's medicines and to protect them from the risk of infection.

Is the service effective?

Good ●

The service was effective.

People were monitored and encouraged with their eating and drinking, where required. Concerns about their health were quickly followed up with referrals to relevant professionals.

Staff benefitted from training, induction and a programme of supervision.

Staff understood the need to gain consent and followed legislation designed to protect people's rights and freedoms.

Is the service caring?

Good ●

The service was caring.

Staff put people living at the home at the forefront of everything they did. In turn this resulted in very good relationships with people and their relatives.

People were assisted by the use of technology and creative ideas from staff to enable them to make their wishes a reality.

There was a friendly, warm atmosphere at the service which

encouraged people to make friends and participate in events and activities run by staff.

Is the service responsive?

Outstanding 

The service was exceptionally responsive.

Staff suggested innovative and creative ways to meet people's wishes and preferences which resulted in people having an enhanced sense of wellbeing and exceptional quality of end of life.

There were arrangements in place to respond and learn from feedback from people, relatives and staff. Ongoing improvement was seen as essential.

People received exceptional care at the end of their life. They were fully consulted and given choices about the care they wanted to receive. The provider had a very close relationship with other healthcare providers to achieve this.

Is the service well-led?

Good 

The service was well led.

The registered manager was dedicated and passionate in their role and was an excellent role model who led by example. The service had developed and sustained a positive, open and empowering culture.

The vision and values were imaginative and person-centred and make sure people are at the heart of the service.

Staff, people and relatives were encouraged to raise issues of concern, which were always act upon.

Management and quality assurance systems were in place to drive continuous improvement. When incidents took place, the registered manager reflected on the events to ensure learning was embedded for future practice.

Flowerdown Care Home

Detailed findings

Background to this inspection

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

This inspection took place on the 9 and 13 November 2017 and was unannounced. One inspector and an expert by experience carried out the 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

We received feedback from one healthcare professional and one social care professional who had links with people living at the home. During our inspection we looked around the premises and observed the interactions between people using the service and staff. We spoke with four staff who worked at the home. We spoke with the registered manager.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included four care and support plans and daily records, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents.

The service was last inspected in July 2014 and was Good in each of the domains, therefore good overall.

Is the service safe?

Our findings

People described how they felt safe about living at Flowerdown; one person as "There's very good security. Outside doors are alarmed and the front door is locked, however I am able to come and go as I please." A relative told us "I know [SU] is safe and well looked after."

We looked at the arrangements in place for safeguarding vulnerable adults and the way the service managed any allegations or suspicions of abuse. Safeguarding policies and procedures were in place which provided guidance and information to staff. The registered manager and the staff we spoke with explained how they would report safeguarding concerns to the appropriate person. Without exception, each of the staff we spoke with said they were confident any concerns raised would be listened to and acted upon. All staff had received training in safeguarding which helped them identify signs of abuse and actions they were required to take in order to keep people safe. We saw records to show the local authority had been informed when appropriate of such concerns, and where necessary action had been taken in order to keep people safe.

We saw that people were very relaxed with the staff who were supporting them and did not hesitate to seek support or assistance from any of the staff members present during our inspection. For example, when people asked for help staff were always nearby and swift to respond in a gentle, reassuring way. This indicated that people felt safe around the staff members.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Risks identified included, moving and handling, medicines, falls, malnutrition and skin breakdown. One person had a risk assessment in place around their falls. Staff followed guidance to minimise the risk of the person suffering further falls. The guidance included practical tips about falls prevention including checking walkways for clutter and ensuring the person had appropriate footwear and mobility equipment available when walking around the service. This helped to ensure staff took all practical steps to reduce the risk of the person suffering further falls.

People were kept safe from the risks in the event of emergencies at the service. The registered manager carried out regular testing of fire equipment to ensure it was in good working order. Each person had a personalised evacuation plan. These detailed the support they required in the event of an emergency. The registered manager also maintained regular servicing of equipment such as hoists and essential services to ensure the environment was safe for people to live in. This included servicing of moving and handling equipment, boiler, gas and checks around legionella and water temperatures. Staff were able to describe the importance of having these plans in place to minimise risks, and how to support the person appropriately and safely.

The registered manager analysed incidents to look for trends, causes and areas where learning could be applied. The registered manager kept a log of all incidents involving people such as falls. They reviewed these logs to identify if there were any measures that could be taken to reduce the likelihood of reoccurrence. Examples of this were referrals to doctors or occupational therapists after people had falls to

help ensure they had appropriate healthcare interventions or mobility equipment in place.

People's medicines were managed so they received them safely. Medicines were ordered, stored administered and disposed of in line with the provider's medicines management policy. Staff had been trained to administer medicines safely and training records confirmed this. Medication administration record (MAR) sheets had been completed and signed by staff appropriately. Protocols were in place for people who required 'as and when' (PRN) medicines. We observed staff follow guidance in one person's care plans to determine whether they required their PRN medicines. The member of staff explained they look at observe the person's body language as the person wasn't able to verbalise they were in pain. The member of staff showed the person the medicine, explained what it was for and the person nodded to indicate they needed the medicine. This helped to ensure that people received their PRN medicines appropriately to manage their pain.

We observed one person receiving their prescribed medicine. Staff explained that it was time for their medicine and supported the person to take them at a pace appropriate to them. One person said "The nurses gives me them [medication] when they should." Another person described how they "have paracetamol at night when my feet hurt- I just ask for them." A third person said "When I first came in I established specific times for tablets as it is vital for my [medical condition], and I get them at the right times."

Staffing levels were assessed and monitored by the registered manager to ensure there were sufficient staff available to meet people's needs at all times. They told us the planning of staffing was flexible and that if additional staffing was required for such things as outings or appointments then this would be provided. We saw people received care they needed from staff who possessed the right skills and knowledge to meet each person's individual needs. There were sufficient staff available to ensure people were supported to take part in planned activities either within the home or the community. Without exception everyone we spoke with described there being enough staff on duty to ensure people's needs were met safely. People also said the staff team were "very stable and consistent" the registered manager said there was one nurse vacancy for which they are recruiting. They went on to say there is very little sickness and the team "cover any shifts" to mitigate the use of agency, which haven't been needed for several years. This ensured consistency.

The registered manager frequently worked alongside staff to provide additional support and to monitor safe working practices. There was an 'on call' system in place which meant that the service could respond to staffing issues related to annual leave and sickness. The registered manager and senior staff took turns to act as point of contact for the home when off duty. It was their role to give advice or if necessary cover staffing shortages. This helped to ensure that the service provided continuity in its staffing.

People were protected from the risk of being cared for by unsuitable staff. Robust recruitment and selection processes were in place to ensure that staff had the appropriate experience and character to undertake the role. Appropriate checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person's past work performance. Staff were subject to a Disclosure and Barring Service (DBS) check before they started work. A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

There were systems in place to ensure people were protected against the risk of spread of infections. Staff were aware of their roles and responsibilities in relation to hygiene and infection control. All staff had received training in infection control and were able to describe the steps they would take to in order to minimise risk of infection by use of appropriate hand washing and personal protective equipment such as using gloves during personal care. The registered manager was aware of their responsibilities in putting plans in place to reduce the risk of infections spreading.

At the time of inspection, they had implemented information for care homes by Public Health England 'winter readiness'. This plan included checklists and procedures to follow in the event of seasonal illnesses such as flu. This helped to ensure that staff were all aware of the correct procedures to follow in the event of an outbreak of infection. The service had also received a five star rating from the food standards agency. This demonstrated that the food preparation areas met a high standard of cleanliness and hygiene.

Is the service effective?

Our findings

The needs of people using the service were met by staff who had the right knowledge, skills, experience and attitudes. We saw training records to show staff had received training in areas such as; moving and handling, dementia, health and safety, fire safety, safeguarding, nutrition, medicines, The Mental Capacity Act, emergency first aid, equality and diversity, diabetes, and end of life care. Staff attended regular updates of their training to help ensure that their knowledge was in line with current best practice and they were competent in their role. Staff had opportunities for further development as the registered manager had recognised staffs' skills and developed lead roles in end of life care, tissue viability and three 'pacesetters'; these are staff who had attended training in order to deliver training that supports cultural change.

New staff completed a thorough induction to ensure they had the skills and confidence to carry out their roles and responsibilities effectively. This included the Care Certificate which covered an identified set of standards which health and social care workers are expected to adhere to. The induction period also included staff shadowing experienced staff members. The registered manager carried out competency based assessments of new staff in key areas such as medicines administration and moving and handling. This helped the registered manager assess the confidence and competence of new staff.

The registered manager monitored staff's working practices and behaviours through supervision, group learning in staff meetings and competency based assessments. Staff received six supervisions per year and told us that supervisions enabled them to discuss any training needs or concerns they had and development opportunities. In addition to face to face supervisions, the registered manager also made observations of staff's working practice to assess their skills and behaviours. These observations included, assessing staff supporting people with medicines, at meal times, supporting people to mobilise around the home, and interactions between staff and people. These measures helped ensure that the registered manager had an insight into staff's working practice.

People's legal rights were protected as staff followed the principles of the Mental Capacity Act (MCA) 2005. The 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 MCA 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. When people lacked the mental capacity to take particular decisions, such as the delivery of personal care or consenting to other aspects of their care plan, decisions had been made in the person's best interests and who was involved in making specific decisions was documented in people's care files. Staff understood importance of gain consent from people before they provided care and respected people's decisions about their care and treatment.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and if any conditions on authorisations to deprive a person of their liberty were being

met. The registered manager and staff had a good understanding of the Mental Capacity Act 2005. Training in this subject had been undertaken by staff. The registered manager had applied for DoLS authorisations where necessary and showed us records of following up where applications were outstanding. We found care plans had the necessary records of assessments of capacity and best interest decisions for people who lacked capacity to decide on the care or treatment provided to them. During our inspection we observed staff supporting people to make decisions about their daily living and care. For example, people were asked if they wanted a snack or drink or if they wanted to go out. Staff sought consent from the person before undertaking any care tasks. Staff said people were always offered choice, for example, when they wanted to go to bed, what they wanted to eat and drink and how they wanted to spend their day. Comments from staff included "If the person becomes, for example poorly, and is unable to do certain things DOLS can be put in place, with the person's best interests at heart. " Another staff member said their understanding was "to make sure things are put in place to maintain as much independence as possible. We help them so they can still make life choices. I would always go to [manager] if I had any issues."

People were supported to have enough to eat and drink and maintain a healthy diet. Where people were at risk of malnutrition, staff monitored their fluid and food intake and weighed them regularly. This helped to identify where there had been changes in their health. Where there had been changes; the registered manager had consulted health professionals for further guidance. People's dietary requirements were assessed, and staff at the service were aware of people's dietary needs. People had varied views about the food. One person said "It's alright during the week but not so good at weekends. The chef doesn't seem to cook things enough then." Another person said "The food generally is not too bad, not brilliant but edible." Another person said "They come round with a book in the morning to tell you what it is for lunch. They ask what you want and show you the menu. We used to get the picture, but not now. I liked to get the picture so you could see what it looks like." People said they had plenty of opportunities to discuss the food, and were confident any suggestions would be listened to and acted upon, The registered manager attended the Care Home Nutrition and Hydration Forum in September 2017. This is an opportunity to get updated with, and share best practice.

Staff worked pro-actively to ensure people's health needs were met and people had access to healthcare services. Staff were confident in identifying where people required healthcare services through changes in; behaviour, mood, activity or appetite. People were supported to maintain good health and had access to healthcare services as required. This included GPs, dentists, specialist nurses and occupational therapists. Contact with health professionals was recorded in people's records. This helped to ensure that people's changing needs were identified and appropriate care could be put in place. One social care professional provided the following feedback from the team they work with, the general opinion was that "that staff in the home have gone above and beyond in supporting people to access the correct healthcare."

People's bedrooms were personalised and decorated to their taste. People told us they were able to bring items of furniture from their home to use in their bedrooms. This helped to make their environment feel more homely. There was a passenger lift in place which connected the two floors of the service. This helped enable people mobilise around the service independently. People had access to garden spaces. Other people had decorated their rooms with pictures and personal items which were important to them.

People (affectionately) described the environment as "shabby chic". The registered manager was proud to show us plans to re-develop the home in the Spring 2018, and described how they had been involved in the 'lay out' of the home to ensure it will meet the current and changing needs of people. People told us they had been fully involved in discussions about how they would like their home to look, this included people choosing soft furnishings and colour schemes.

Is the service caring?

Our findings

People described the staff as being "very good," "fantastic", "Helpful and polite," and "They are very good. The level of care is fantastic." And "I can't fault it here." Another person said "I've been here six weeks. My family found here and said 'this is the place', and they were right. It's been big adjustments. They're looking after me very well. I'm very grateful." Another described the home as being "beautiful here." Another said "Wonderful. The staff are fantastic, their patience is beyond belief."

Relatives we spoke with said, without exception they can visit at any time and are always made welcome. Comments made included "It makes a big difference to the relative when the place is good." And "I only have praise." Another said "100% for everything looking after [loved one] is brilliant."

"My sister and I come every day, they have looked after her really well." Another said their relative "loves it here, they are all lovely staff." Another relative described the attention to detail in the care their mother gets "X has always prided herself on her appearance, whenever I visit her staff have taken the time to help her wear make up, her hair is always brushed, she is clean and tidy- something the staff appreciate is important to her, especially now she is so frail, they still support her as she wishes. They make sure she is comfortable and her nails are clean- the little things that are so important to Mum."

One social care professional provided the following feedback from the team they work with, the general opinion was that "Feedback from families is that staff are exemplary in how they support individuals and their families."

Without exception everyone we spoke with described the atmosphere as "always" being "calm", whilst being "vibrant" and "joyful".

The compliments log included the following comments from relatives "X was cherished and loved", another was "nothing was ever too much trouble, you went over and beyond to help me (relative) too." Another comment was written by a daughter who "cannot put into words how thankful I am that Dad was with you in his last few weeks. He really was lucky- you really are a care home."

Staff demonstrated an awareness of people's likes, dislikes and their care needs. People's care plans extensively documented essential information on people's preferences and life experiences to help ensure people received person centred care in their preferred way. Staff were aware of these routines and the person told us that these preferences were followed. One person liked to sit in a particular chair and listen to the radio, and would become very upset if they were not able to do this. Staff were conscious of the anxiety this caused the person, and ensured measurements were in place to ensure this happened. This helped to encourage the person to spend time with other people in communal areas, as otherwise they would be reluctant to do so.

We saw people's care and support was provided in a calm, un rushed way, with staff having the time to engage in conversation and friendly banter.

We observed people were extremely comfortable in the presence of staff. We saw that when people were approached by staff they responded to them with smiles or by touching them which showed people were

comfortable and relaxed with staff. Staff took their time with people and did not rush or hurry them. We saw how people were treated with kindness and compassion in their day-to-day care. Staff were aware of the importance of respecting people's rights to privacy and dignity. When people received personal care staff told us they made sure this was done behind closed doors and at a pace appropriate for the person. We observed staff knocked on people's doors before entering their rooms and respected that some people would like privacy and time in their own company.

Staff had developed caring relationships with people and their relatives. We observed kind and respectful interactions where people were given time to express themselves fully. Staff were responsive to requests for support and reassurance. We observed that this support had a positive impact on the person's emotional wellbeing.

The service was proactive in ensuring that people were able to express themselves and communicate their needs. People told us they were involved in making decisions about their care. Each person was allocated a 'key worker'. This was a member of staff whose role it was to regularly talk with people about how they wanted to receive their care. The 'key workers' would then update the person's care plan and share the person's views with other staff. This helped to ensure that people were consulted and their decisions about care were known and respected by staff. The home had a 'Wishing Well Programme' for anyone who had any wishes they hadn't yet achieved. We saw how people's wishes had been met by the use of technology and innovative ideas. For example helicopter trips made possible by the use of a virtual headset. A 'country and western' sing along and favourite drink. Afternoon tea and a curry cooked exactly to the person's individual taste.

The home purchased an 'Alexa', this is a device for accessing music, information, news and weather updates by voice activation. We heard people using the device to play their favourite music and to find out facts.

The service demonstrated a clear understanding through the planning and delivery of care about the requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics. These are, age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Staff had all received training in equality and diversity and there were policies in place to help ensure staff were considering people's individualised needs in the delivery of care. The registered manager described the procedures in place for: equality and diversity which covers human rights and record keeping and access to records which includes the protection and retention of information. We saw care plans were focussed on the person's history, preferences and interests. One social care professional provided the following feedback from the team they work with, an example was given of "a resident who was a Jehovah Witness having specific plans and details in her file of what to do in the event of a hospital admission, death and at specific times of year to ensure their wishes were taken into account and followed."

Is the service responsive?

Our findings

People's care and support was planned proactively in partnership with them, their relatives and appropriate health professionals. Everyone we spoke with described the support provided as being "exceptional" and "person centred", from staff who promoted each person's health, well-being and independence. Care plans were in place which detailed people's routines and preferences and how each person would like to receive their care and support. We saw this being delivered to people.

People's care records had all been reviewed and the information within them was accurate and up to date. Staff told us they had access to people's care plans and understood the care and support people required. They confirmed people's needs were reviewed each day during handover meetings between staff to make sure they were aware of any changes that were required to people's care.

Care plans included information that enabled the staff to monitor the mental and physical well-being of the person. Care plans contained information about people's communication, mood and health needs which helped staff understand when people were not feeling well by monitoring changes in their behaviour.

The service was flexible and responsive to people's individual needs. They were committed to being creative and finding ways to enable people to live full lives and continue to be independent. There were arrangements in place for people to access social activities based on their preferences and interests. For example, one person was supported to see the musical 'Billy Elliot', whilst other people were supported to attend local clubs to maintain friendships in the community. Risk assessments were in place to support people to access activities safely.

The registered manager was approached by a Palliative Care Team to provide three commissioned beds for end of life care. This involved a year long project and close links with the Palliative Care Team who assessed the home during the project. They provided training to staff and guidance and support in providing end of life care. The palliative care matron said "the whole team have grown in confidence since the start of the project, and are more confident in being proactive at responding to people's changing needs. From recognising the stages of end of life to comforting relatives. The way staff care is just lovely. It's not just a job, they really do care. The staff really know the person they are supporting- from their life history to their wishes now." In December the registered manager successfully completed the Health Education England- Wessex Team Based Quality Improvement Fellowships 2016/17. Also during 2017 the provider won the 'Best Clinical Facilities Award' and was awarded the 'Residential Care Provider of the Year' award at the Health investor awards.

The service had complied with the Accessible Information Standard by identifying, recording and sharing the information about the individual communication needs of people with a disability or sensory impairment. The registered manager ensured that all staff had a good understanding of people's individual communication needs by sharing this guidance in staff handovers, team meetings and supervisions. This helped enable staff to communicate effectively with people to ensure their wishes and needs were met and their human rights were protected.

People had a range of activities they could be involved in, known as 'magic moments' to help people 'love every day'. They were able to choose which activities they took part in and suggest other activities they would like to try. A timetable of activities was displayed in communal areas of the service, so people were aware of events which were coming up. One person told us, "Every first Tuesday, local ladies come and play bingo and horse racing on the floor with wooden horses. We get a lot going on." Another said, "We've been to garden centres and last year we visited one of the other homes. We had a nice day there." A third said, "They have activities every afternoon, bingo, painting, floor games. I choose what I want to do and join in." Another person said they enjoyed listening to the radio and audiobooks. Another person said, "On Wednesday we have bingo and a church service once a month." And "They have internet here and it doesn't cost me anything." People said they met each week with the activity co-ordinators. Staff told us, "We have an activity meeting with the SUs every month, ask them what they would like to do and we plan around that. Bingo and OOMPH are particularly well liked."

The poetry and prose session on the day of our inspection was run by a volunteer. "We use this time to do 1:1 sessions. We have a lot who prefer to stay in their room. Exercise session, talking, music, hand massage."

People benefitted from activity resources such as 'The Active Minds Complete Kit' which was available for anyone to use, and included reminiscence cards, jigsaws, aqua paints and multi sensory products. People told us how much they enjoyed the variety and one person described how "active" it made them feel. People were able to take part in a wide range of leisure activities and other pursuits which reflected their choices and interests.

People were encouraged to develop and maintain relationships with people that mattered to them. People's relatives told us that they made to feel very welcome whenever they visited their relative. Comments included "I am always greeted by friendly, welcoming and cheerful staff who are very knowledgeable about [loved one]." Another relative described how they "knew it was the right place for [loved one] as soon as I walked through the door- the feeling I got was very homely, welcoming and calm."

The registered manager invited families in to celebrate special occasions such as Christmas and birthdays with people. This helped people to maintain important relationships. People were encouraged to maintain friendships with other people at the service. Activities were arranged so friendship groups could spend time together and staff were conscious of where people would like to sit in communal areas, to help ensure they were with people they liked. This helped people cultivate friendships and promoted companionship.

People, relatives and staff were actively encouraged to share their views and raise concerns or complaints. Feedback was valued and the registered manager explained it was an important part of ensuring improvements were made where necessary. A complaints policy was displayed clearly in the entrance to the home. This gave details of how people could make a complaint and to whom. The registered manager told us the steps they would take to deal with a complaint. The registered manager told us that they had not received any formal complaints, they have an open door policy and encouraged staff and relatives to speak with her if they had any suggestions or concerns. One social care professional provided the following feedback from the team they work with, the general opinion was that "(the registered manager) is very approachable, has been very thorough in dealing with any concerns or queries that the team have raised."

People's 'key workers' also regularly talked to people to explore how they were feeling and supported them to make a complaint or raise issues to the registered manager. This helped to ensure that people were given the opportunity to raise issues when they had concerns.

Relatives and staff were invited to share their views of the service. A survey had been sent out to gain

feedback from people's relatives and staff about the service. We saw the summary of feedback from both relatives and staff which was overall very positive

People were supported to make choices about how they would like to receive end of life care. Staff worked with each person to formulate an 'advanced care plan, which clearly set out the person's wishes for care and intervention towards the end of their life, and after they have passed away. The plans included considerations about people's cultural beliefs, people they would like with them if possible and funeral arrangements.

The registered manager told us how they worked with other stakeholders to help give people as pain free and dignified death as possible and to provide a co-ordinated effort to ensure that people had access to the appropriate medicines, services and support to remain at the service during their last days.

Is the service well-led?

Our findings

People described the registered manager as being "extremely approachable, open and honest." "leads by example and very passionate to provide the best care to our residents". "Excellent role model." Without exception every member of staff we spoke with described with passion their commitment to providing care with compassion, and were "proud" and "love" working at Flowerdown Care Home. One healthcare professional said "the whole staff team are welcoming, enthusiastic and work very well together. They think outside the box and question their practice as well as recognise when things have gone well."

People received a high standard of care because the management team led by example and set high expectations of staff about the standards of care people should receive. The registered manager had developed the staff team to consistently display appropriate values and behaviours towards people. The registered manager was a prominent presence in the service was demonstrated strong leadership, dedication and an immensely caring nature. We saw how this had resulted in the registered manager knowing each persons' needs very well. During our inspection we observed people were relaxed and comfortable in the presence of the registered manager. The registered manager had taken time to develop strong relationships with people, their relatives and other stakeholders involved in their care. This helped them model and instil these values into their staff team. The registered manager had extensive background knowledge of working within care services.

Staff told us the registered manager was a good role model and provided them with support and guidance in their role. One member of staff said, "[The registered manager] is brilliant , they are always there to support us, they know the people and the home backwards." Another member of staff told us, "I have never known a manager to be so dedicated and involved in the running of a home, it sets a great example for the rest of us." The registered manger also held regular staff meetings where learning from incidents was shared and good practice was celebrated. Another way the registered manager supported staff to provide a good standard of care was by recognising and motivating staff when they had performed well and made a difference to people's lives. They showed us display boards when staff had written down when they had seen or heard someone acting upon the homes core behaviours. Staff could reflect on these to see the value of their work and motivate them.

Each day there were 'heads of department meetings' with senior carers, catering and maintenance staff to discuss care provision for the day and identify any issues that may have been highlighted. These meetings were also used to plan the day and people's requirements.

To keep up with best practice the registered manager continued to work alongside other health and social care professionals to promote their understanding of what was good practice. The registered manager also attended local provider's forums where they could discuss common issues and share knowledge and best practice with other providers of care services. The registered manager was involved in an 'Inreach project' looking at reducing unnecessary hospital admissions. This had resulted in a GP visiting people in the home and provided guidance to staff on medical issues. The project also included input from a pharmacist to review people's medication to ensure what they were prescribed was relevant.

There was a clear management structure in place. The registered manager was supported by a team of senior staff. Their role was to supervise care staff and carry out daily checks and audits of the service. The provider's representative regularly visited the service to monitor the performance of the service. The provider held regular meetings for registered managers across their services. At these meetings, registered managers would share good practice and learning from incidents which had occurred. This helped to ensure that there was an effective management team in place.

There was an open and transparent culture within the home. Providers are required by law to notify CQC of significant events that occur in care homes. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the provider had met the requirements of this regulation.

People and staff were very confident the registered manager would listen to their concerns and they would be received openly and dealt with appropriately. One member of staff said "Our CEO is very approachable, I could e-mail him."

The provider had a whistleblowing policy in place. A whistleblowing policy outlines external bodies that staff can contact if they do not feel comfortable or able to raise concerns to internal management. Staff told us they understood how to follow the whistleblowing policy and would be comfortable in raising concerns if required.

The registered manager sought feedback from people, relatives and staff to improve the quality of the service. A monthly residents meeting was held at the service where the registered manager asked people for suggestions for improvements. Alongside this, the registered manager also sent out questionnaires to people, staff and relatives asking for feedback about the quality and safety of the service. Feedback was collated into actions plans detailing changes which were to be implemented from suggestions. Changes from recent feedback included, people being involved in developing a leaflet about what to expect living at Flowerdown, and a leaflet to describe what to expect when a loved one is nearing the end of their life. One relative said they found the leaflet "extremely helpful as it had practical tips as well as what to expect during a very difficult time. This helped to ensure people were able to see suggestions and action the registered manager had taken in response. A relative said "I'd be happy to raise anything, in a positive way if possible, but would always raise concerns." Staff we spoke with described communication throughout the whole home as being "exceptional."

The home generated a monthly newsletter which included updates about the home, special dates such as Birthdays'/anniversaries, upcoming events, employee of the month, and photographs of people having their 'magic moments'.

The registered manager and staff demonstrated a commitment to continuously improving the service people received. The registered manager explained the importance of people living at the home being involved in interviewing new staff, to ensure they shared the same ethos and values which included staff being caring and passionate about their job role. One social care professional provided the following feedback from the team they work with, the general opinion was that "any learning points raised when investigating concerns or during reviews are addressed."