Countess Mountbatten of Burma Romsey Memorial Trust

Edwina Mountbatten House

Inspection report

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Date of inspection visit: 19 and 20 October 2015
Date of publication: 07/12/2015

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?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

Edwina Mountbatten House is owned and operated by The Countess Mountbatten of Burma Romsey Memorial Trust. It is a small care home, located in the centre of Romsey, and provides care and accommodation for up to sixteen older persons. The accommodation is arranged over two floors with a stair lift available to access the upper floor. Its central location within Romsey means that people are able to walk into town to access the shops or for other social activities.

The home does not provide nursing care and people living at the home were generally quite independent and only required minimal support with some aspects of personal care or support with their medicines management and the provision of meals. There were 16 people living in the home when we inspected.

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

Summary of findings

Some areas required improvement. Some people's care plans needed to be updated to include more detailed and specific guidance to support staff to provide their care in a manner that was responsive to their individual needs.

People told us they felt safe and there were systems and processes in place to protect them from harm. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to their management team.

Safe recruitment practices were followed and appropriate checks had been undertaken which made sure only suitable staff were employed to care for people in the home. There were sufficient numbers of experienced staff deployed to meet people's needs.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. No-one living at Edwina Mountbatten House had their liberty or freedoms restricted and therefore no applications were required at this time.

People were supported to have enough to eat and drink. The meal time experience was a sociable and positive experience, which people seemed to enjoy.

People told us they were happy with the care provided and said they had good relationships with staff. They told us they received personalised care and were encouraged make choices about how they spent their time.

People spoke positively about how well organised and managed the service was. There was an open and transparent culture within the service and the engagement and involvement of people and staff was encouraged and their feedback was used to drive improvements. There were some systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate support.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staffing levels were adequate to meet people's needs. Staff were able to provide support to people in a timely manner and were able to carry out their role and responsibilities effectively

Systems were in place to monitor and reviews risks to people's health and wellbeing and risks associated with the environment had been identified and planned for.

Staff had received training in safeguarding adults, and had a good understanding of the signs of abuse and neglect. Staff had a positive attitude to reporting concerns and to taking action to ensure people's safety.

Good

Is the service effective?
The service was effective.

People told us they received effective care which met their needs. They were empowered and encouraged to make choices about how their care was provided and their decisions were respected.

Staff received an induction and undertook relevant training which helped them to deliver effective care.

People were being supported to maintain good health and had access to healthcare services when needed.

Good

Is the service caring?
The service was caring.

People told us they were happy with the care provided and said they had good relationships with staff. Staff spoke fondly about the people they supported and supported them in a kind and caring manner.

People were involved in planning their care and staff listened to their choices, respected their privacy and assisted people to maintain their self-esteem.

Good

Is the service responsive?
The service was not always responsive.

Some of the records relating to the care and treatment received by people required improvement. Some care plans did not provide comprehensive information about how the person's needs should be met.

People were supported to take part in a range of activities in line with their personal preferences.

Requires improvement

Summary of findings

Is the service well-led?

Good

The service was well led.

People spoke positively about the manager and for the way in which the home was run.

There was an open and transparent culture within the service and the engagement and involvement of people and staff was encouraged and their feedback was used to drive improvements.

There were systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving the best possible support.

Edwina Mountbatten House

Detailed findings

Background to this inspection

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

The inspection took place over two days on 19 and 20 October 2015. The inspection was unannounced.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is used by registered managers to tell us about important issues and events which have happened within the service. We used this information to help us decide what areas to focus on during our inspection.

During the inspection we spoke with 16 people who used the service and four relatives. We also spoke with the registered manager and four staff members. We reviewed the care records of four people in detail and the training and recruitment records for four staff. We also reviewed the Medicines Administration Record (MAR) for all 16 people. Other records relating the management of the service such as audits and policies and procedures were also viewed.

The last inspection of this service was in October 2013 when no concerns were found in the areas inspected.

Good

Is the service safe?

Our findings

Each person told us they felt safe living at Edwina Mountbatten House. One person told us, "After my husband died, I felt I couldn't cope alone in my house; my family helped, but I felt vulnerable". They told us that after moving the home they felt "Much safer . . . I know there are always people near."

Suitable arrangements were in place for ordering medicines and relevant checks were made to ensure that these were supplied correctly. Medicines were stored within a locked trolley or within a designated medicines fridge. The temperature records for both the trolley and the medicines refrigerator provided assurance that medicines were stored within their recommended temperature ranges. People had an individual medicines administration record (MAR) which included their photograph, date of birth and information about any allergies they might have. A number of people using the service were looking after and taking their medicines independently and relevant systems were in place to support this safely. This helped to ensure that people retained choice and control over how their medicines were managed. Staff who administered medication had completed training and the registered manager told us they would be implementing annual competency assessments to ensure staff remained safe to administer people's medicines. Protocols were in place for the use of other PRN or 'as required' medicines. For example, one person had a detailed protocol concerning the use of an EpiPen which might be needed to treat an allergic reaction. Two people had diabetes and staff were monitoring their blood sugar levels on a regular basis. Information was available about the actions staff should take if their blood sugar levels were outside of safe parameters. Our observation indicated that people were able to have access to their PRN medicines when they needed them and not just at scheduled medicines rounds. For example, we saw one person ask approach a care worker and ask for some pain relief. This was provided within minutes. Arrangements were in place to ensure that unwanted medicines were disposed of safely.

Staffing levels were adequate to meet people's needs. Staff employed to work at the home included a registered manager who was supported by a team of assistant managers. In addition the home also employed an administrator, a cook and housekeeping staff. During the day, care was provided by one care worker supported by an assistant manager. In addition the registered manager who was full time was also available, including during some weekends, to support people if necessary. At night there was one waking staff member on duty and one sleeping in. These staffing levels were adequate because people living at the home were generally quite independent and only required minimal support with daily living tasks such as personal care or support with their medicines management and the provision of meals. Staff turnover was low and many of the staff team had worked at the home for many years which meant that people were being supported by staff who were familiar with their needs. People raised no concerns with us about staffing levels. They told us their needs were met appropriately and that they were able to choose when to go to bed and when to get up and the staffing levels supported this. Staff told us the staffing levels were adequate. One staff member said, "We never use agency staff, we work well as a team, the managers get involved too". We observed that staff were able to provide support to people in a timely manner and were able to carry out their role and responsibilities effectively. The registered manager told us that the Trustees were fully supportive and if additional staff were needed to meet a person's needs because their health had deteriorated, this was always put in place.

Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised. These included identity checks, obtaining appropriate references and Disclosure and Barring Service checks. These measures helped to ensure that only suitable staff were employed to support people in their homes.

Systems were in place to monitor and reviews risks to people's health and wellbeing. For example, body maps were used to record bruising or skin damage and a record was maintained which tracked the healing process. Other risk assessments had been undertaken to identify whether people were at risk of malnutrition or of developing skin damage. People had risk assessment in relation to their mobility and their ability to safely use the stair lift. Falls risk assessments were also in place and we were told that if people experienced a series of falls, then they would be referred for the input of the falls team. A number of people at the service had expressed a wish to manage their own medicines. Risk assessments had been undertaken to ensure this was done safely. Staff were able to share with us other examples of positive risk taking, for example, we were

Good

Is the service safe?

told how one person had requested a wish to be able to shower independently. The risks associated with this had been assessed by staff and measures had been put in place to reduce these

Risks associated with the environment had been identified and planned for. People had personal emergency evacuation plans which detailed the assistance they would require for safe evacuation of their home. The service had a business continuity plan which set out the arrangements for dealing with foreseeable emergencies such as fire, or damage to the home, and the steps that would be taken to mitigate the risks to people who use the service. In the event of the home becoming uninhabitable, there was an agreed arrangement with another local care home where temporary accommodation could be provided.

Staff had received training in safeguarding adults, and had a good understanding of the signs of abuse and neglect. Staff had a positive attitude to reporting concerns and to taking action to ensure people's safety. Each staff member we spoke with was confident the management team would take prompt action to address any concerns about a person's safety or any allegation of abuse. The manager used supervision to discuss and reflect upon safeguarding issues. This helped staff to develop their awareness about factors that could affect the safety of people living within the home. Staff were informed about the organisation's whistleblowing policy and they were clear they could raise concerns with the manager but were also aware of other organisations with whom they could share concerns about poor practice or abuse.

Good

Is the service effective?

Our findings

People told us they received effective care which met their needs. One person said, "We are as happy as sand boys, although we had to give up everything, which isn't easy, we also have no responsibilities now, the staff are very good, we have all we need and we are both putting on weight". Another person told us, "I'd had lots of falls before admission, but they look after me better here; I don't fall nowadays."

Feedback from the relatives' survey indicated that they felt their loved ones received effective care. One relative had commented, "[the person's] legs have improved greatly, it's down to the good care she receives from every member of staff".

People living at Edwina Mountbatten House were mostly able to understand and make decisions about how their care and support was provided and we saw they were empowered and encouraged to do this on a daily basis. For example, people could place a notice on their door which said they were resting and therefore did not want to be disturbed. People could decline to have checks at night or to take part in the organised activities. Care plans contained signed consent forms which recorded the person's agreement to have their photographs taken or for information about them to be shared with health and social care professionals. People also had signed care plans which confirmed their wishes in relation to how and where their care should be provided at the end of their life. We observed that staff sought people's consent before providing assistance, for example, we observed staff asking people where they would like to sit, what they would like to eat and drink. Staff had received training about the Mental Capacity Act (MCA) 2005 and the registered manager had an understanding of the principles of this Act and how to use this to ensure that people's rights would be protected should they become unable to make decisions about their care. The Mental Capacity Act 2005 (MCA) is a law that protects and supports people who do not have the ability to make decisions for themselves.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards form part of the MCA 2005 and protect the rights of people using services by ensuring that if there are restrictions to their freedom or liberty, these have been agreed by the local authority as being required to protect the person from harm. The registered manager understood when an application for a DoLS might be needed although none had been required to date.

New staff received an induction which involved learning about the values of the service, the needs of people using the service and key policies and procedures. New staff shadowed more experienced staff for period of time before they worked independently. The induction was mapped to the Care Certificate which was introduced in April 2015. The Care Certificate sets out explicitly the learning outcomes, competences and standards of care that care workers are expected to demonstrate and should ideally be completed within the first 12 weeks of employment.

Staff completed a range of essential training which included topics such as moving and handling, safeguarding people, infection control, mental capacity, DoLS, health and safety, fire safety, equality and diversity, first aid and food hygiene. The registered manager had developed links with a local further education college that provided staff with additional training in areas relevant to the needs of people using the service. For example some staff had completed training on caring for people living with dementia and end of life care. Five care staff were due to undertake additional training on nutrition. We saw that the registered manager had made arrangements for staff to complete knowledge questionnaires about topics such as using topical creams and medicines. Staff were positive about the training available and told us it helped them to perform their role effectively. One staff member told us, "If there is anything we don't know, [the registered manager] will see it to that training is provided". Another member of staff told us how they were being supported to undertake a nationally recognised qualification in health and social care. They said, "If I need help, [the registered manager] will always go through things with me". The registered manager told us that the Trustees of the organisation "Never put a price on training" and were happy to ensure funding was made available to enable staff to continue to develop their skills and knowledge.

Staff received regular supervision and an annual appraisal which helped them to develop their skills and understand their role and responsibilities. Records showed that supervision was used to discuss matters relating to the needs of people using the service, but also the staff

Good

Is the service effective?

member's training needs, any areas for development, and what they were doing well. All of the staff we spoke with told us they found supervision a useful and supportive process.

People told us the food was tasty and provided in sufficient quantities. There was a choice of two main meals at lunch time but if neither was liked an alternative, such as a jacket potato or salad was made available. The kitchen staff were informed about people's allergies, likes and dislikes. For example, the cook was aware of which people were on medicines which meant they could not drink grapefruit juice. A selection of hot and colds drinks were available throughout the day as was fresh fruit which was also offered as an option for dessert. People's weight was monitored regularly to assist in identifying whether they were at risk of malnutrition and people prescribed dietary supplements were supported to take these as prescribed. One person told us, "My appetite is good, better than it was and now I eat well".

Our observations indicated that people appeared to be enjoying the dining experience and chatted readily with one another and with the staff and manager who was walking round speaking with people. The registered manager told us people were encouraged to come to the dining room for meals as this helped to prevent isolation and create a positive dining experience. They said, "It's nice for them to be sociable with other people at least once a day and in a small place like this, if someone is missing from the table, the others tend to worry. We know that today one of our ladies is eating in her room because she's not feeling too well, so I'll explain that to everybody". We saw that this happened. Where people needed help with tasks such as cutting up food, this was offered sensitively, but most people were able to eat independently. One person told us, "You've only got to say, or suggest something [to eat] and they'll get it for you, they remember your likes and dislikes too".

Where necessary a range of healthcare professionals had been involved in planning and monitoring people's support to ensure this was delivered effectively. People had regular visits from their GP and from other healthcare professionals such as community mental health nurses, chiropodists and opticians. When necessary people also had access to specialist palliative care staff who worked with the home to support people's healthcare needs towards the end of their life. People's care records contained information about their medical history and documented the outcome of medical appointments and visits from the GP or community nurse. This helped to demonstrate that people were being supported to maintain good health and had access to healthcare services when needed.

Good

Is the service caring?

Our findings

People told us they were happy with the care provided and said they had good relationships with staff. People's comments included, "The staff are very pleasant, so kind" and "They are so kind, the girls will do anything for you, it's very very good here". One person told us, "The people are friendly and I love the staff, they're all so helpful, what else do I need?" Another said, "Everybody looks out for each other here, it's absolutely A1". Relatives had recently commented in the compliments book, "Heartfelt thanks to all the staff here for the wonderful care and love given to [the person]" and "The staff were wonderfully understanding and supportive…they acted well beyond the call of duty".

Staff spoke fondly about the people they supported and supported them in a kind and caring manner. We saw a considerable number of warm and friendly exchanges between staff and people, for example, we saw staff and people exchanging 'high fives' and engaging in friendly banter. The atmosphere in the communal areas was good natured and sociable and we heard a lot of laughter. People looked relaxed and happy in the company of the staff who throughout our visit appeared jovial, attentive and happy in their work. A person told us, "Everybody's nice and pleasant, I like to go out for walks, I've got my wheels [walking aid] and someone comes with me, I was quite happy to come here, I'm grateful it's this sort of home…its homey". Another person said, "I'm fine here thanks …very kindly staff, they are brilliant, the residents are good company too, friends showed me 'posher' places, but I preferred it here". A staff member told us, "All the staff are kind and caring, I would be happy for my mother to come here". Another staff member said the home had a "Really nice atmosphere"…If they need anything, it's provided, it's not like a rest home, it's their home".

Staff respected people's choices and did not restrict their interests; instead they were encouraged to take walks into town and to retain their independence. One person told us, "I find it very comfortable and pleasant; they leave you free to do what you want . . . I'm pleased to live here, they don't fuss over you". Another person told us how they had come to live at the home when their husband died and had brought with them their husbands chair. They told us, "The staff here are wonderful, we are very well looked after, they don't think [their husband's] chair is a good shape for me, but it's my husband's and I like to sit in it, so they let me". This all helped to ensure that people were supported to remain in control of decisions about how their care and support was managed. The registered manager told us it was key to her that people really got involved in all aspects of the home and it was clear from minutes of meetings that their views were valued and acted upon. Staff also spoke with us about how people really were at the centre of the service. They gave the example of the summer fete and explained that people got involved in organising this and actually worked alongside staff in running the stalls.

Staff showed they had a good knowledge and understanding of the people they were supporting and were able to give us examples of people's likes and dislikes and preferred routines which demonstrated that they knew them well. Staff knew about people's lives before they had come to the home and they used this information to engage with people in a positive and person centred manner. Staff were able to tell us about the losses and sadness people had experienced and how they were supporting them with adjusting to changes in their lives including, for example, coping with the move into residential care or bereavements. The registered manager told us how, to support one person's move into the home, they had visited them in their own home and taken photographs of how they had their furniture and photographs laid out so that they could arrange them in the similar way in their room at the care home, helping them to settle and feel more at home. The registered manager and staff all showed a genuine interest in the people they supported and their knowledge of each person's preferences helped to ensure people received care and support which suited their needs.

Staff spoke to us about how important it was to protect people's privacy and dignity and were able to give examples of how they maintained people's dignity through the way in which they supported people. The registered manager explained that as people's needs changed, staff understood the importance of continuing to assist them in a manner that was in keeping with their known wishes and choices. They explained that as one person using the service had become a little more frail, they had started to not attend to their personal appearance as they always had, so staff made an extra effort to sensitively offer support with this so that the person's dignity and self-esteem might be maintained. A dignity champion had just been appointed and there were plans to put in place a

Good

Is the service caring?

dignity tree to which staff, people and their relatives could attach examples of dignified care so that these could be celebrated. Information about the '10 Dignity Do's' was readily available within the service. These are 10 ways in which staff can practice to ensure that people's dignity is maintained. Our observations indicated that staff acted in a manner that was in keeping with the good practice highlighted as part of this campaign. Staff treated people as an individuals and encouraged them to maintain choice and control about their care. They listened to people's choices, respected their privacy and assisted people to maintain their self-esteem.

People's religious and spiritual preferences were respected in a sensitive way. The registered manager had recruited a staff member who shared the same religious beliefs as one of the people using the service so that they could support the person to follow their faith. Where people had particular beliefs associated with their faith these were respected. For example, one person followed a faith which meant that they did not celebrate their birthday. Instead staff bought the person a gift at a different time which we were told was really valued by the person.

Requires improvement

Is the service responsive?

Our findings

People's care and support plans contained information about people's personal histories and preferred daily routines, for example, whether they liked to drink from a cup and saucer, when they liked to get up or whether they liked a cup of tea before breakfast. Information was also available about 'life before you knew me' and the 'people I wish to see'. Care plans described how people liked to be addressed, for example, one person's care plan recorded that they wished to be called by their name and 'not by any familiar name of terms of endearment'. Information about the activities the person liked to do was also noted. We saw that some people enjoyed playing games on their tablet, others enjoyed crosswords or listening to the radio. From speaking with staff and observing their interactions with people, it was clear that staff knew and understood what was important to each person. For example, we observed that staff knew which people liked pots of extra gravy with their meal or only liked small portions to avoid being overwhelmed by their meal.

Some of the records relating to the care and treatment of each person required improvement. For example, we reviewed a range of records relating to how medicines were managed within the service. We looked at the records in the controlled drugs (CD) register and found inaccurate recording. The assistant manager told us this was because the register had not been updated when a person had left the care of the service. To ensure this did not happen again, they took action to put in a place a new procedure that would ensure accurate records were maintained about people's medicines when they transferred from one care setting to another. People's medicines administration records (MARs) had mostly been completed accurately, but we did note that on three occasions, the MAR had not been signed. Inconsistency in maintaining accurate records means that the provider cannot be assured that the medicine had been administered. We also noted when observing a medicines round that staff were signing the MAR before they had witnessed that the person had actually taken their prescribed medicines. This is not in keeping with best practice guidance.

We recommend that the service ensure that staff follow best practice guidance such as the National Institute for Health and Care Excellence (NICE) Medicines Management In Care Homes, when completing records relating to the administration of people's medicines.

People's care plans varied in how much detail they contained. Some did not include sufficient information about how a person's physical and mental health needs should be met. Detailed information about people's needs is important as it helps staff to provide appropriate interventions and also helps them to recognise changes in people's health. For example, we saw that one person who was experiencing a decline in their cognition, did not have a care plan which described how their needs in relation to their failing memory were to be met. We noted that another person was being treated for skin damage caused by ongoing continence problems. The person had a risk assessment in relation to skin damage but no skin care plan or a continence plan which clearly described how staff should meet the person's needs. This person had been placed on a high calorie diet in May 2015 due to weight loss. Whilst weight charts indicated that the person's weight was stable, their eating and drinking plan had not been updated since 2013 and did not wholly reflect their current needs. Whilst staff were able to tell us about the care and support they provided to people, this was not always reflected in the care plans and this is an area which requires improvement. Some people's care plans had recently been updated and were more detailed and demonstrated that staff had worked with the person to carry out an assessment of their needs and had developed a care plan which was in line with their personal preferences. For example, one person had detailed eating and drinking plan, a pain plan and a 'final days' care plan which described their wishes in relation to where and how their end of life care should be managed. The registered manager told us they and the senior staff team were working hard to update everyone's care plan to ensure they each contained assessments of the person's specific needs and how these should be met.

A handover was held at each shift change which helped to ensure staff were kept up to date with people's changing health and welfare needs. When concerns were noted about a person's health or behaviour, there was usually evidence that staff had responded by making referrals to relevant healthcare professionals. For example, one person

Requires improvement

Is the service responsive?

told us about their painful legs. When we checked their records, we saw that staff had already noted this and the person had been reviewed by their doctor and relevant treatment was underway.

Regular reviews took place and people and their families were asked to give their views and feedback about the care and support they received. The records of these reviews were detailed and recorded whether people had been diagnosed with any new conditions, whether their sight or hearing had changed and whether they needed any more assistance to manage their care needs. There was also a clear record of any actions that were required as a result of the review. All of the visitors we spoke with told us they were satisfied that they were involved in relevant decisions and were kept informed about any changes to their relative's care. One relative told us, "We come in any time on any day and there's never any variation in the welcome we get, they always call us if anything happened and we always know exactly what's going on with them and their health".

All of the people and relatives we spoke with were positive about the quality and quantity of the activities. Whilst there were no designated activities staff, the care staff were able to spend time leading a variety of activities and a range of outside entertainers and trips also took place. The activities available included, word games, bingo, quizzes, fashion shows, basketball and sing a longs. A staff member told us, " If no-one wants to do the planned activity, we ask then what would like to do, next week, we are doing Halloween crafts and at Christmas we make tree decorations….I do a lot of one to one with people in quiet times, talk about their school life, jobs, their life". We saw there were lots of photographs around the home showing people enjoying a variety of activities including trips aboard a boat which is arranged twice a year. Other people told us that they walked into town to visit the shops or local cafes. People who used the service had completed an annual survey in which the activities had been rated as either excellent or good by all those that responded. This meant that people were able to take part in activities of their choice which helped to reduce the risk of social isolation.

People knew who to speak with if they needed to make a complaint or raise a concern, but they had not needed to so. A complaints and compliments book was freely available within the service. Whilst no complaints had been made, the registered manager was able to describe how these would be documented, investigated, acted upon and used to improve the service.

Good

Is the service well-led?

Our findings

People and their relatives spoke positively about how well organised and managed the service was. One person told us the manager had "Done a lot, refurbishing, decorating, generally smartening the place up". They added, "And she's very nice, she works hard too!" Another person said, "There is a family atmosphere here, this manager treats everyone the same, and everyone gets on." Staff were also positive about the leadership of the service, their comments included, "[the registered manager] is a good leader" and "They are always someone you can turn to".

Our observations indicated that the registered manager had developed good relationships with each person. They spent a lot of time chatting with people and their visitors in a natural and relaxed manner. People responded well to them and seemed completely at ease with them. One person told us how they often saw the manager "Round and about" ; they said "Oh, she pops her head round my door nearly every day. She's always cheery!" The registered manager's visible presence within the service allowed them to be a good role model for the staff team and promote the delivery of personalised care.

There was an open and transparent culture within the service and the engagement and involvement of people and their relatives was encouraged. Their feedback was used to drive improvements. Meetings were held with people and their relatives, and were opportunities for them to make suggestions about how aspects of the service and care provided could be enhanced. People's feedback was valued, respected and acted on. One person told us, "Yes, we do have residents' meetings, and we discuss food, usually, and [the registered manager] suggests things for us to try." At lunch, we heard the registered manager say to a person "Putting honey on plums is lovely – I'll put that on the agenda for the next meeting and see what people think, shall I?" We saw from minutes of meetings that changes had been made to the menu and the choice of activities provided following suggestions made by people.

Staff meetings were held on a regular basis during which staff were able to make suggestions about how to improve the service provided. They told us their suggestions were also acted upon. One staff member said of the registered manager, "They will listen to what you say"……they don't miss a trick, any problems, they will sort it out, they get on and deal with things there and then, you can talk to them".

The meetings were also used to reinforce best practice and the delivery of personalised care. For example, we saw that staff had been reminded not to assume what residents would like to eat or drink but to always ask. The registered manager told us she regularly worked alongside staff, observing their practice. They said this enabled them to provide feedback in a constructive manner and address any areas where practice could be improved straight away. They told us they encouraged staff to put themselves in the place of the person and consider how they might feel if they were experiencing the care provided. Staff were positive about working at the home and told us that morale amongst the staff team was good. One staff member said, "I love it here… I don't feel I am coming to work".

The registered manager ensured that staff had access to training, supervision and professional development. They were encouraged to gain further qualifications and extend their knowledge. This helped to ensure that people were supported by motivated, suitably trained and skilled staff. The registered manager was supported in her role by the Trustees who also provided her with regular supervision and opportunities for professional development. The registered manager had also taken action to forge links with other local registered managers so that they could share skills, knowledge and best practice. They told us, "I am always thinking, what can I do better? Have I done enough?".

With the support of the Trustees, links were being maintained with the local community. For example, 'Youth in Romsey' visited the home twice a year and worked alongside people using the service on a variety of projects such as garden improvements. A number of local churches visited the service on a regular basis as did the local mayor. People were also supported and encouraged to continue to access the local community for other social activities.

The manager had a clear vision for the service which were underpinned by a strong set of values central to which were placing the person at the centre of the care they received. They told us it was important to them that people had a fulfilled life, had choices right to the end of their life and were treated with dignity, kindness and empathy. Our observations indicated that staff cared for and supported people in a manner that was in keeping with these values.

Good

Is the service well-led?

We found the service to be comfortable and friendly, people seemed happy and contented and were supported by a staff team who were cheerful, positive and for whom the provision of person centred care was important.

The manager had a good understanding of the challenges facing the service and demonstrated a commitment to making improvements wherever possible to improve things for people using the service. They told us they were fully supported by the Trustees who always took prompt action to deliver the improvements she asked for. For example, they told us that a ramp had been needed to enable a person to access the garden. They said this was agreed and acted upon straight away. The Trustees visited the home every six weeks or so and used this as an opportunity to speak with people and seek their views about the care they received. Whilst there was no formal service improvement plan, there was evidence that the registered manager and Trustees were working together to invest in the building and improve the environment. For example, we saw that double glazing was planned. A new walk in shower room had been installed and improvements were planned to the effectiveness and safety of the water system within the home.

There were some systems in place to assess and monitor the quality and safety of the service and to ensure that people were receiving safe and effective care and support. A fire risk assessment had been completed and regular checks were undertaken of the safety of the water system. Some audits were undertaken, for example, medicines audits, room audits and care plan audits, which resulted in reports to the key workers with areas to address or correct. This helped to ensure the service was constantly developing and improving.