

Far Fillimore Care Homes Ltd

# Nightingale Court

## Inspection report

11-14 Comberton Road  
Kidderminster  
Worcestershire  
DY10 1UA

Date of inspection visit:  
13 November 2017  
16 November 2017

Date of publication:  
16 January 2018

### 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

Nightingale Court is a residential care home for 43 older people who may have a diagnosis of dementia. At the time of our inspection there were 41 people living at the home.

At the last inspection the service was rated Good. At this inspection we found the service remained Good with a rating of Outstanding in Responsive. At this inspection we found improvements in the commitment and individualised approach to responding to people's ambitions showed by the registered manager and staff, provided clear therapeutic benefits for people living with dementia which was outstanding.

The management staff team were highly committed to ensuring people's lifestyle choices were responded to with careful planning so people could succeed in their different ambitions. People were encouraged to maintain or develop interests which held important meaning in their lives so people were not disadvantaged because of their mental health needs.

People's end of life care needs were met by staff who were committed in working alongside healthcare professionals. This assisted people to access therapeutic interventions to support people with their experiences. People also had opportunities to make their end of life care wishes known so there was no risk of these not being followed at this important time of their lives.

People maintained positive links with their community which enhanced their lives. People were encouraged to retain relationships important to them and develop friendships. People's religious and spiritual needs were recognised and embraced which supported people to continue to practice their religions and meet their spiritual needs in ways they wished to do so.

People who lived at the home and their relatives worked in partnership with staff to plan their care. Care records were personalised and contained detailed information about what was important to people. There was a consistent staff team who knew and respected people as individuals and provided extremely responsive care which put people at the heart of all the care offered.

People who lived at the home and their relatives were encouraged and felt confident to voice their views and opinions. The registered manager listened to what people had to say and took action to resolve any issues. There were systems in place for handling and resolving complaints which focused upon opportunities for learning lessons.

Staff cared for people with kindness, patience and understanding. Staff had time to meet people's needs and to spend time in conversations with people individually, without rushing. People were provided with care which was respectful, dignified and took into account people's right to privacy and confidentiality.

Staff listened to people and had a detailed understanding of their needs and preferences. This supported staff to assist people in having positive dining experiences at the home and staff were aware of people's

dietary requirements.

People were supported to make safe choices in relation to taking risks in their day to day lives which helped people to maintain their own levels of independence. This was because staff made sure people had the equipment and aids they required to meet their needs. Staff had been trained and understood how to support people in a way which protected them from harm and abuse. There were arrangements in place to make sure staff were trained and competent in medicine administration which reduced risks to people's safety and welfare.

Staff received regular training which provided them with the knowledge and skills to meet people's needs in an effective, responsive and personalised way. The management team supported staff to gain additional knowledge within their various champion roles to promote a greater awareness and understanding of the diverse needs of people who they provided care and support to.

The management team and staff shared common values about the aims and objectives of the service people were provided. These were based around people being supported to live the best lives as possible. Regular quality audits and checks were completed so improvements were continually recognised and there was effective follow up action which made sure people received a high quality 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Outstanding ☆

The service has improved to outstanding.

People were highly complimentary about the responsiveness of staff in supporting them to meet their diverse needs. Staff were committed to jointly work with healthcare professionals so people's end of life care needs were thoroughly responded to in a flexible and timely way. People's lifestyle choices were embraced by staff who had 'can do' attitudes to support people to aim high and accomplish their ambitions. Staff worked in partnership with people to ensure their care records were personalised to each person. People had many varied opportunities to have fun with staff who were highly motivated in pursuing new experiences for people to try. Staff supported people to maintain links with their local community which brought different relationships into people's lives. People were supported to make a complaint with watchful staff who knew people well and learning from people's suggestions was taken to continually improve care.

### Is the service well-led?

Good ●

The service remains Good.

# Nightingale Court

## 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.

This inspection took place on 13 November 2017 was unannounced. The inspection team consisted of an inspector and an expert by experience. The expert by experience was a person who had personal experience of caring for someone who had similar care needs to people who lived at the home. The inspector returned to conclude the inspection on 16 November 2017.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We sought information about the service from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

We spent time with people in communal areas of the home and saw how the care provided. In addition we spoke with 17 people who lived at the home and six relatives. In addition we used the short observational framework tool (SOFI) to help us assess whether people's needs were appropriately met and to identify if people experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with the registered manager and a range of staff including the facilities manager, the cook and 4 care staff. We looked at various documents and written records. These included sampling four people's care records, staff training and recruitment records and minutes of meetings with staff. We spent time with a staff member during their medicine round and looked at how medicines were administered, stored and disposed of. In addition, we looked how complaints and compliments were followed through by the provider.

We also looked at information about how the provider and registered manager checked the quality of the service provided and how they followed through areas for improvement. The documentation we saw included surveys, checks on different aspects of the service provided to continually improve the quality of care and people's experiences.

## Is the service safe?

### Our findings

At this inspection we found people continued to be provided with care which was based upon staff's knowledge in how to support people's safety and welfare. The rating continues to be 'good.'

People gave us their views about feeling safe whilst living at the home. One person said they felt safe because of staff's caring attitudes towards them. The person commented, "Staff ever so good, give them some stick, friendly, don't put you down, feel safe here, happy enough in here." Relatives held similar views about their confidence in staff providing the care their family members required which supported their safety. One relative said, "Feels very safe here, staff warm and friendly, lovely [and] welcoming" and another relative commented their family member was, "Totally safe." Staff were also confident people were treated with kindness and they had not seen anyone being placed at risk of harm.

Staff had received training on keeping people safe from abuse and knew how to raise concerns both within the organisation and with external agencies. Staff told us they were confident the registered manager would be supportive and take action if they raised concerns. People who lived at the home and visitors had access to information about the subject of abuse together with telephone contact numbers which were displayed in prominent areas around the home.

Measures were in place to help people manage risks to their safety and avoid preventable accidents. These included hot water being temperature controlled to reduce the risk of people being scalded. Another example was some people required support on occasions when walking so the risks of falling were reduced. At the same time people were supported to take reasonable risks. An example of this was the way in which people had access to drinking facilities as on occasions some people enjoyed making their own drinks. Staff had checked people were safe to be able to do this and made sure other people were also safe from the risks associated with scalding.

People told us there was enough staff. One person said, "There are lots of them [staff] around to help me." Staff told us they thought there was enough staff. One staff member said, "There is plenty of staff, we always have enough to meet people's needs." We saw there were sufficient staff on duty to provide support during our inspection so people's safety was not compromised.

The provider's arrangements to ensure new staff were suitable to support people who lived at the home continued to be strong in helping safer recruitment decisions to be made and prevent unsuitable staff from working at the home. As part of the recruitment process people who lived at the home were encouraged and supported to be involved in the interviewing of new staff. The management team were also strengthening their recruitment of new staff by adapting this in line with the values they were committed to bring into staff's caring roles to the benefit of people who lived at the home.

Following the previous inspection we advised the registered manager improvements were required to medicine administration practices. At this inspection we found improvements had been made. For example, there were strong arrangements had been strengthened to reduce the risks of people's medicines not being

made available to them as prescribed. In addition, the staff member administering people's medicines was knowledgeable about how to handle people's medicines to reduce risks of cross infection. We saw how the staff member supported people with their medicines and noted improvements had been made. The staff member knew people's needs well and the support they required in order to take their medicines both comfortably and safely. There was a sufficient supply of medicines and staff who administered medicines had received training with their competencies regularly checked so any areas of improvements could be identified in a timely way.

The management and staff team worked together to ensure the risks to people of infections was reduced. For example, staff knew what actions to take to reduce the risk of possible infection. This included when they needed to wear disposable gloves and aprons. The registered manager conducted checks to make sure staff were taking appropriate action to reduce the risk of the spread of infection. In addition, staff who had cleaning responsibilities were seen taking pride in their work and had their own set programmes to make sure all cleaning duties were regularly undertaken to aid in the prevention of infections.

The registered manager had developed a strong ethos amongst their staff team in learning lessons to improve people's care and safety. The registered manager undertook regular checks on accidents and incidents which had occurred. This was to establish what had happened on each occasion so that action could be taken to help prevent them from happening again. The registered manager shared learning and the actions points from accidents and incidents with staff in various ways, such as staff meetings.



## Is the service effective?

### Our findings

At this inspection, we found staff were skilled to meet people's needs effectively; people continued to have freedom of choice and were supported with their dietary and health needs as at the previous inspection. The rating continues to be good.

People indicated staff knew what assistance they required to meet their needs and had their best interests at heart. One person commented, "They're all good at helping me with whatever I need. It's like a hotel but better." Another person said, "They [staff] know what I need." Relatives were also confident staff had the knowledge and skills they needed. One relative said, "Visit [family member] at all different times and care always good."

People's individual needs had been assessed and plans were in place to support staff in providing effective care to meet each person's needs. For example, one person required support to walk and their care plan described the equipment the person required. Further examples showed staff had sought advice from healthcare professionals to meet people's needs in the right way for them. For instance where people would benefit from therapeutic interventions to meet their anxieties from trained healthcare professionals from the local hospice. Staff told us professional therapy for people had worked well especially for people at the end of their lives to help relieve any anxieties and worries they may have.

People were supported to maintain their health. A relative told us, "I ring for updates [about their family member's health] where needed and they let me know." Staff knew the action to take should they have concerns about a person's health. People's medical history was available to those supporting them and we found that staff worked closely with healthcare professionals where this was required to help people to remain well.

New staff received an induction when they commenced work at the home which included the care certificate as part of their induction. The care certificate is a set of standards that health and social care workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers. Staff we spoke with told us they had opportunities during their induction to work alongside established colleagues. One staff member described to us how this supported them in getting to know people's individual personalities and needs so they could ensure the care they provided was right for each person. In addition, staff had opportunities to complete written reflections based on their care practices which the management team used as a supportive mechanism in one to one meetings with staff to assist staff to develop their practices.

Staff continued to receive on-going training which was relevant to their roles and this was kept updated. We saw examples of how staff understood people's individual needs and how this was reflected in the care they offered people. Staff were seen to effectively use their communication skills to make sure people felt understood. The warmth of touch was used by staff where they recognised it was appropriate for each person. For example, one person had a hug with a staff member and smiled in acknowledgement to show how their wellbeing was enhanced by this gesture. Staff also helped people to lead conversations and

people enjoyed laughs with staff at different times and at other times reassurance was provided to help some people feel well.

Staff helped people into the dining room for the meals if this is where they wanted to eat and this was done in an unhurried manner with staff having a chat with people along the way. Staff were aware of people's health needs which impacted upon their dietary requirements, such as, people who required a diabetic diet and we saw people's diets were catered for. We consistently heard from the cook and staff they worked as a team to ensure people's dietary needs were supported including taking action to change people's food to match their individual needs. During our inspection the cook had made mince pies which people told us they enjoyed. No people were discriminated against because of their health needs as the cook knew how to prepare deserts and cakes to meet people's health needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff continued to show they had a good understanding of the need to consider people's ability to give consent. One staff member told us, "We always support people to make their own choices about their everyday assistance and what they want to do." We saw examples of how staff incorporated this into practice. For example, one person was asked whether they would be happy for staff to clean their spectacles for them before they carried this out. Staff checked with another person what they would like to do and followed the person's choices. The registered manager had arrangements in place to make sure all DoL assessments had been followed up with the local authority. Additionally, we saw staff practiced in a way, which was least restrictive when any decisions people made jeopardised their safety.

On-going improvements had been made to the home environment to ensure it effectively met the needs of people. For example, there was signage around the home environment to assist people to find their way around and have a sense of independence. Due to the layout of the home environment people were able to continue to have opportunities to explore their surroundings as they chose to without the frustrations of becoming lost. The design of different spaces provided people with places for objects of interest to be displayed so people could choose to pick these up and have fun with them and/or provide people with moments where they cherished a particular item which brought them reassurance.

## Is the service caring?

### Our findings

As at our previous inspection people who lived at the home and their relatives were positive about how staff treated them with kindness and thoughtfulness and respecting people's involvement in their care preferences. The rating continues to be good.

People who lived at the home and relatives we spoke with told us staff were caring and treated them well. One person said the staff were, "Very kind" and "I like them all." Another person told us, "Staff beautiful, very kind." One relative told us, "[Family member] tells us how lovely staff are."

In addition to this we saw a range of comments from relatives. One relative had written, 'They cared for dad with enormous respect and genuine affection for him, and always made us feel part of that big Nightingale family.' Another relative commented, 'Thank you very much for taking care of our mum, so precious to us, for keeping her safe and meeting her needs over the last six years.'

People we spoke with described to us how they were fond of staff who supported them. One person told us, "We have a chat and a laugh." Staff also spoke with us about people they supported with kindness and warmth. One staff member told us, "We all care about each other, we are like one large family."

The registered manager was committed to putting people at the centre of their care. They reflected this within the PIR as, 'We at Nightingale Court look at the care home from a "mum" point of view in the sense that would we want to place our own family or close friend in the care home and the answer is yes. We encourage compassion and kindness towards the people who live and you will hear on a daily basis staff talking about everyone as being a part of a family.' The registered manager led by example to ensure this philosophy flourished within the staff team. For example, the registered manager's door was continually open and people went in as they chose to chat. Where people needed reassurance to help them feel better the registered manager used their knowledge of each person. We saw through people facial expressions their wellbeing had been enhanced by the thoughtfulness of the registered manager.

The registered manager's ethos of providing care centred on each person was infectious and we saw examples of staff practices which enhanced people's wellbeing. For example, one staff member used their knowledge of people's likes to ensure when they brought in some flowers people were involved in arranging the flowers into small jugs for the tables. People were seen to enjoy doing this as their faces showed how they connected with the activity of arranging the flowers whilst chatting to each other. Further examples were of staff taking time to be with people and chat rather than always undertaking tasks. We saw many positive conversations which promoted people's wellbeing. One person shared with us how they were going to pretend to be asleep when the exercises started and laughed about their plan of action. The person said, "Can always have a laugh with staff, all taken in good faith."

One relative we spoke with highly praised the stability of the staff team. They believed this was one of the key factors which had enabled their family member to build trusting relationships with staff. We saw staff encouraged people to express their views and listened with interest and patience to their responses. We saw

staff were skilled in communicating with people, discussing choices with them and giving them time to consider the options before making a decision. For example, people were asked about how and when they wanted their care to be provided and how they preferred to be addressed. Another example was staff carefully establishing how much help people wanted to be offered when deciding what they wanted to do each day.

People's religious and spiritual needs were always embraced. People's different cultures were recognised and celebrated during events held at the home. Representatives from different faiths visited the home which supported people to practice their chosen religions and acknowledge events that were important to them such as, remembering people who fought in the war and we saw poppies were displayed. People also had opportunities to visit places of worship if they chose to do so.

We saw staff cared for people in ways which supported people's individual needs and helped to maintain their dignity. For example, we saw staff knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs. One member of staff told us, "I always take care to ensure people are covered at all times." We saw staff encouraged people's independence, such as, when they moved around the home environment using walking aids. We also noticed when people struggled so their dignity and safety were maintained.

We found people who lived at the home could speak with relatives and meet with health and social care professionals in the privacy of their rooms if they wished. In addition, staff assisted people to keep in touch with their relatives by telephone.

We noted that written records which contained private information were stored securely. In addition, computer records were password protected so that they could only be accessed by authorised staff.

## Is the service responsive?

### Our findings

At our previous inspection people's needs were identified and met by responsive staff and the rating was 'good.' Since this inspection we have seen further improvements and the rating has now changed to 'outstanding.'

There was a strong commitment within the management and staff team to provide responsive and supportive care to people and their families before, during end of life care and death. A healthcare professional was impressed about how the registered manager and their staff team had embraced joint working with the local hospice resources. This was so people who lived with dementia had equal opportunities in accessing care which was responsive to their end of life needs. Through this initiative we heard examples of how people were supported to express their end of life care wishes and received beneficial therapeutic support to assist with their feelings, such as anxiety. For one person the benefits of receiving therapeutic care, such as, massage and relaxation techniques from an external professional had a great impact on improving their sense of wellbeing.

In addition due to the management and staff teams approach to establishing strong working relations with external professionals, one person's changing end of life care needs were responded to in a timely way. This had a positive impact on the person so this progressive way of working had a beneficial impact on one person whose changing needs were met in a timely way so they were not at risk of receiving unresponsive care. We heard examples of how staff sat with people even when their shift ended so they could continue to be with people in the final stages of their lives. One staff member spoke about how these approaches could contribute to people experiencing a 'good death.'

Relatives expressed how appreciative they had been of the end of life care and support their family member had received. Comments made included, 'When mum's journey was coming to an end you all supported her and our family with huge kindness and respect.' Another comment read, 'Thanks to all the staff who helped us with exceptional support from the first day to the last day there, nothing was too much trouble, they are fantastic.'

Strong emphasis was placed on supporting people to achieve their aspirations however, big or small and whatever their health or physical needs. For example, one person wished to fly an aeroplane. Staff researched how they could support the person to achieve their goal and discovered a museum which had a simulator so the person was able to fulfil their dream. The PIR included how much this experience meant to the person, their comments read, 'This will be a dream come true.' Pictures of the day spent at the museum were in the October newsletter which captured people's treasured memories and how they enjoyed their experiences. Another person was supported to go to the shops as this was an experience they had been fearful of doing. The person achieved this with staff's continual support and encouragement.

The staff team were highly motivated and constantly looked for creative ways to embrace people's lifestyle choices which supported people to live their lives how they wished to do so. One example was how people were supported to take part in the interviews for prospective staff. For one person this created opportunities

for them. The person asked the prospective staff member whether they were able to make a trifle to suit their tastes and how they would be able to keep up the good meal standards.

Another person had always undertaken their own housework and this continued to be encouraged and supported by staff. A further great achievement was how staff valued the person's choices when responding to their needs and due to staff's 'can do' attitude the person continued to wash some of their clothes. This had been developed with a careful strategy in place to not only support the person in their lifestyle choice but to also sensitively check when clothes needed further washes to ensure the person's needs were fully responded to.

Another person enjoyed knitting and we saw how they had been encouraged to continue their hobby without fear of any discrimination from staff when their knitting was not perfect. We consistently heard staff praised the person for how their knitting was progressing and with sensitivity offering to assist under the person's own terms as needed. Staff's approaches to the person's needs had an impact on enhancing their wellbeing as they showed through their facial expressions their delight when staff chatted with them about their knitting.

People had been supported by staff to develop friendships with like-minded people. One person told us and we saw they had developed a good friendship with another person who lived at the home. The person remarked on their friendship by saying, "Good friends don't need anything else. We just have a good laugh." Another person said, "I like trips, butterfly farm great, granddaughter went with me." Often relatives accompanied their family members on trips which had been planned. One relative told us, "Took [family member] to Severn Valley for tea last week on birthday." Another relative said, "We take [family member] out for coffee, meal or to Bewdley, when we get back she [family member] says back to my hotel."

Lead roles in various subjects, such as champions in the subject of dementia had been developed. We saw various examples of how the resourcefulness of this had supported staff's knowledge and skills to offer personalised care which was based on various pieces of research. Staff told us some people who lived with dementia found comfort in cradling dolls which reduced their anxieties. ['Doll therapy' can be an effective way for a person with dementia to decrease their anxieties]. Staff knew how important and cherished dolls were to some people and their practices reflected this as they responded to people's needs. For example one person was holding a doll when staff served their meal. The staff member took great care to ask the person, "Can I look after your baby for two minutes, I will take good care of her." The person's emotional needs and feelings of security were responded to because of the staff members approach as the person happily gave their cherished item to the staff member.

Another example was how staff had created placemats with people's photograph on and other items which were personal to each person. Staff spoke with pride about how people recognised their own placemats and how the items supported people with their emotional and behavioural needs. One staff member described to us how the placemats were a simple idea which had made a big difference. For example, in distracting people if they needed support with their behavioural needs by talking about the items on their tablemats which they were familiar with. A healthcare professional had commended the staff team in their skilfulness when responding to people's mental health needs. Their comments read, 'You should be congratulated on the good work you do at Nightingale Court for your residents [people who lived at the home] and that you try to keep medication to a minimum.'

The provider was constantly looking at different ways of responding to people's needs by renovations undertaken to the home environment. One example was the recent addition of an extension which provided more individual rooms. This had been carefully thought about as there had been no increase to the

numbers of people living at the home but instead people had benefited from having en-suites. One person proudly showed us their new room and said, "It's like an excellent hotel." They pointed to their en-suite and remarked, "I love having this all to myself with all my pretty things for washing." Another person talked about how they had benefited, "Nice here, décor lovely, something to see outside [my] window." Staff were equally positive about the new rooms. We consistently heard from staff how the en-suites were an asset in supporting people's personal care needs and had great benefits to assisting people to retain their own independence.

People maintained positive links with their local community that enhanced and benefitted their lives. Links had been developed with a local school with children from the school visiting and connecting with other children focused community groups. For example, children supporting work undertaken in the garden. People really enjoyed visits from children and staff also brought in their children to visit. One person told us, "I like to see the children."

Staff used the detailed information in each person's care plan to ensure they received individualised care and support that met their particular needs, and which made them feel valued. One way in which staff did this was by offering people support in ways which were special to them. For example, helping one person to brush their hair or giving someone else a cheery wave or a hug. One member of staff told us, "Sometimes it's the little things that mean the most." Another staff member described how this ethos was put into practice. For example, one person's photographs had fallen over in their room. The staff member noticed this and arranged the person's photographs into a standing position again which the person was delighted with.

People told us they felt comfortable raising concerns if they were unhappy about any aspect of their care. One relative said, "No complaints but able to raise them if necessary." There was a complaints procedure available to people who lived at the home and their relatives although there had been no formal complaints in the previous 12 months. The complaints procedures were available in different formats to suit people's individual needs, such as using pictures instead of words to aid people's understanding.

People told us the registered manager was regularly visible within the home supporting staff and encouraged people to talk to her directly about any worries or problems. This was important as some people would need support to raise complaints due to their mental health needs. This was recognised by the registered manager and staff who shared an awareness of how changes in people could be a sign of them being unhappy about an aspect of their care. We saw the registered manager used different methods of gaining people's feedback as an opportunity to learn and make improvements. For example, through people's feedback they noticed staff needed to be reminded to make sure people had napkins at every meal time to meet people's needs.



## Is the service well-led?

### Our findings

At our previous inspection people benefitted from living at a home which was well managed and the rating was 'good.' We found this was this continued to be the case at this inspection and the rating remains 'good.'

There was a registered manager who had been in post for a number of years. 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 showed they played an active role in supporting people who lived at the home and working alongside their staff team. We saw a number of examples whereby the registered manager led by example which reflected their values of keeping people at the heart of all the care and support offered.

People indicated and told us they liked the registered manager and people spent time with the registered manager talking about their day. Relatives we spoke with knew who the registered manager was and had confidence the home was well managed. One relative commented, "I know [Registered manager], easy to talk too, very supportive when social services visited, didn't feel I was on my own, very grateful."

People who lived at the home and their relatives were supported through a variety of ways to share their views and suggest improvements to their home. For example, people were encouraged to share their views in everyday conversations with the registered manager and her staff team and within surveys. We saw a range of positive comments from people and their relatives. One person commented the staff are, 'Always jolly, cheerful and always ask if I want anything.' One relative had written, 'The home offers emotional care such as love, cuddles and affection as well as having a safe, warm and clean environment.' The registered manager told us they reviewed all the comments received and if there were any changes and/or improvements needed to be made these would be focused upon.

The provider and registered manager had regularly checked to make sure people were reliably receiving all the care they needed. These checks included making sure care was consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed. Regular checks were made of the home environment so any breakages or other damage could be identified and quickly repaired. In addition, fire safety equipment was checked to make sure it remained in good working order.

The registered manager was supported by a management team which included deputy managers and a facilities manager. There was a clear leadership structure with good organisation of the staff team who understood their specific roles and responsibilities. This included their roles as people's keyworkers which was valued by people who lived at the home and relatives as we consistently heard how people had formed strong bonds with their keyworkers. The vision and values of the management and staff team put people who lived at the home and their relatives at the heart of the service. We saw staff always tried to accommodate people's needs. For example, people were supported to enjoy their lives by overcoming any hurdles so people's needs were met responsively. Staff also knew about the provider's whistle blowing



procedure. Staff said they would not hesitate to use it if they had concerns about the running of the home which could not be addressed internally.

The registered manager and staff worked as a team and had a clear vision for the future of the service. The registered manager told us they were continually striving for a person led environment and supporting people to live their lives as they choose. This was shared by the management and staff team. We heard from the facilities manager about their various ideas to meet the needs of people with dementia. For example, hand held computers to assist people in new experiences whereby they were able to use their different senses which would also support people's diverse health needs. Another example was to undertake some work on the summerhouse in the garden so this could be brought to life as a tearoom as another space away from the main home for people to go to.

We saw and heard staff had been provided with the leadership necessary to assist people who lived at the home to benefit from staff acting upon good practice guidance and research. One example was the joint working with the local hospice to promote and raise the level of end of life care to make sure people's needs were effectively responded to thus helping people to live well until they die. These joint working initiatives between staff and healthcare professionals had contributed to the promotion of positive outcomes for people who lived at the home. Another example was how the registered manager had linked with the community such as the registered manager's forum where manager's gained support from each other and shared best practices and research to ensure the quality of care and support was continually improved.