

The Dower House Nursing Home LLP

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an unannounced inspection which took place on 27 September 2016.

The Dower House Nursing Home is registered to provide care with nursing for up to 43 older people. There were 41 people in residence on the day of the visit. The building offers accommodation over two floors in single rooms. Rooms are spacious and have en-suite facilities of the person's choosing. The upstairs is accessed via a lift or staircases. The shared areas of the service are very spacious and comfortable. The garden is large, attractive and extremely well kept.

The service has a registered manager running the service. 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 management team kept people, visitors to the service and staff as safe as possible. They did this by ensuring staff were provided with training in the safeguarding of vulnerable adults and health and safety. Staff were fully aware of their responsibilities with regard to protecting people in their care and were able to describe how they kept people safe from all forms of abuse. Risks were identified and managed to make sure that any risks to people and others were minimised.

There were unusually high numbers of staff available to ensure peoples' needs were responded to quickly and they were given safe care. The service's recruitment procedure ensured that as far as possible, all staff employed were suitable and safe to work with vulnerable people. Some additional work was necessary to ensure references were robustly verified. People were given their medicines in the right amounts at the right times by staff who had been trained to carry out this task.

The management team and staff protected people's rights to make their own decisions and consent to their care. The staff team understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The MCA legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. People in the home had the capacity to make their own decisions and choices and no one was deprived of their liberty.

People's health and well-being needs were met by staff who were properly trained and supported to do so. People were assisted to make sure they received health and well-being care from appropriate professionals. Staff were trained in necessary areas so they could effectively meet people's diverse and changing needs.

Staff built strong relationships with people and their families and provided kind and compassionate care. People were supported to make as many decisions and choices as they could to enable them to keep as much control of their daily lives, as was possible. People were treated with kindness, dignity and respect at

all times. The service had a strong culture of person centred care which recognised that people were individuals with their own needs and preferences. However this needed to be more clearly noted in care plans.

People benefitted from a very well-managed service. The registered manager, general manager and provider were described as very approachable. People and staff were comfortable and confident to make their views known and felt they were valued and listened to. The registered manager was very knowledgeable about people's individual needs. The service made sure they maintained and improved the quality of care provided.

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.

People were protected from any form of abuse or harm.

There were high numbers of staff to ensure care could be given safely.

Staff were checked to make sure they were safe and suitable before they were allowed to work with people.

The home was beautifully clean and comfortable.

People were given their medicines safely by qualified staff.

Is the service effective?

Good ●

The service was effective.

Staff were well trained and supported to enable them to meet people's needs.

People were helped to take all the necessary action to stay as healthy as and happy as possible.

People were supported and encouraged to make decisions for themselves and choose their own lifestyle. Staff understood when they may need to refer to the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, respect and dignity at all times. Staff interacted positively and patiently with people.

People were helped to stay as independent as they were able for as long as possible.

The home had a friendly and homely atmosphere where people and staff felt comfortable and at ease.

Is the service responsive?

The service was responsive.

People's needs were responded to extremely quickly by the large number of care and support staff. People felt they were listened to by the registered manager and staff team.

People were recognised as individuals and were supported and cared for in the way that they preferred and that suited them best. However, this was not always clearly written down.

People were provided with a variety of interesting activities. Many people chose to pursue their own activities.

People knew who to complain to but told us they had no complaints to make. They were confident that any concerns they spoke to staff about would be listened to and acted upon.

Good 

Is the service well-led?

The service was well-led.

The registered manager was highly thought of by staff, people and visitors to the service.

The provider/registered manager checked the service was giving good care to people. They made changes to improve things, as appropriate.

People benefitted from being supported by a strong staff team. Staff were extremely happy working in the home and were committed to providing the highest quality of care.

Good 

The Dower House Nursing 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 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 27 September 2016. It was unannounced and carried out by one 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 or used care services for older people.

Before the inspection the registered manager 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 looked at the PIR and at all the information we had collected about the service. This included all information and reports received from health and social care professionals and others. We looked at the notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During our inspection we spoke with seven people who use the service, two relatives, the registered manager the general manager and six care staff. We received feedback from, three professionals and four relatives after the inspection visit.

We looked at the records, including plans of care and daily notes for six people who live in the service. In addition we considered a sample of other records related to the running of the service. These included medicines administration record charts, the files of staff recruited in the previous 12 months, staff training records, duty rosters, menus and records used to measure the quality and safety of care provided.

Is the service safe?

Our findings

People told us they had no safety concerns. People illustrated this by relating their experiences of feeling safe. For example one person said, "I feel completely safe here yet I'm not restricted, I can walk in the garden as much as I like, it's free and easy." Another said, "I was walking in the garden and pushed my alarm button by mistake. Matron and a nurse came charging out!" Relatives told us, "I've no concerns for my [relative's] safety, they know how to look after her and she's never overly restricted, it's like a family" and another said, "I pop in unannounced all the time and never have cause for concern." A professional commented, "Having visited the Dower House for eight and a half years now, I am confident that all residents are safe." Another told us they had been visiting the service for ten years and had never seen anything they felt uncomfortable with.

Staff understood how to safeguard people from abuse or harm and were able to describe, in detail, their duties and responsibilities with regard to protecting people in their care. Care staff were trained in the protection of vulnerable adults and were able to tell us the actions they would take if they identified any safeguarding concerns. They were totally confident that the registered manager would take immediate action to protect people. The service had not reported any safeguarding concerns since the last inspection in 2014. The registered manager confirmed that no such incidents had occurred. Relatives told us they were, "absolutely" confident their family members were safe and being well treated.

The service made sure that people, staff and visitors were kept as safe as possible whilst in the home. Staff received training in health and safety training which included manual handling, first aid and fire safety. These were updated at the required intervals. Health and safety policies, procedures and generic safe working risk assessments were in place, up-to-date and followed by staff. Risk assessments were completed for all areas of the building and included the pond in the garden, electric wheelchairs and control of substances hazardous to health. The knowledgeable and efficient maintenance person was responsible for health and safety and carried out regular checks on equipment to ensure its safety. External contractors completed maintenance checks, such as legionella, fire prevention and lifting equipment, as required. The service had comprehensive plans in place to instruct staff how to deal with foreseeable emergencies. These included evacuation procedures, temporary re-housing, staff shortages and adverse weather conditions. An emergency generator was provided to ensure supplies of electricity at all times.

Water temperature checks were completed and restrictor valves were used wherever hot water could pose a risk to people. The registered manager told us staff tested water temperatures before assisting people into the bath, however, records of temperature checks were not kept. This presented a risk to people as the staff and management team could not be sure the water temperature checks were completed on all occasions. The service initiated a system of recording temperature checks whenever people were assisted into baths or showers, immediately after the inspection visit.

People benefitted from living in an extraordinarily clean and hygienic environment where they were protected from infection. People and relatives told us the home was always clean and hygienic, one said, "It is always absolutely spotless." A professional commented, "Yes wonderfully." The superb cleanliness of the

service was noted on the day of the inspection visit. Infection control policies and procedures, which staff followed, were in place. The service was awarded a rating of five (very good) by the environmental food safety standards agency in 2016. An outbreak of infection in May 2016 was appropriately reported and dealt with to minimise impact on people.

The safety of people and staff was improved because the service learned from accidents, incidents and near misses. These were recorded, investigated and noted what action was taken. An unexplained bruising procedure was in place and followed whenever an unexplained bruise occurred. Actions taken as a result of investigations included the re-positioning of a hand rails in showers and the removal of baths from some people's rooms.

People's individual safety was addressed by staff completing detailed risk assessments for all areas that posed a significant risk to them. Risk management plans were developed to advise staff how to provide care as safely as possible. The service used nationally recognised risk assessment tools for areas such as nutrition, falls and skin health. A professional commented, "The staff are mindful of falls and risk assess this, they use alarm mats when needed and are aware of individual needs/risks and work hard to keep residents safe."

People were given their medicines safely by trained nurses. A senior nurse was allocated the responsibility for ordering and safety of medicines. The matron/registered manager took over this responsibility in the absence of the senior nurse. Medicines were stored in a locked medicine trolleys and storage cupboards. The temperature of the trolleys was not checked regularly although the refrigerator temperatures were recorded. The registered manager undertook to review safe storage temperatures for medicines against nationally recognised guidelines.

The service administered medicines from original packaging as they felt this was the safest method and allowed them to check all medicines on delivery and when administering. The medication administration records (MARs) were accurate and showed that people had received the correct amount of medicine at the right times. No medication administration errors had been reported in the previous 12 months. People's care plans included guidance for the use of medicines prescribed to be taken as required. Specialist medicines were kept securely, recorded and signed for appropriately. Medicine administration was audited monthly. A professional commented, "Medications are kept safely, with appropriate assessment if self-medication is requested." People told us they were confident they were receiving the correct medicines at the right times.

The service followed recruitment procedures to ensure people were supported by staff who were suitable and safe to work with them. The necessary safety checks on prospective applicants were completed prior to appointment. These included Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults. Application forms including full work histories were completed and interviews were held. Appropriate references were taken up prior to candidates being offered a post. Two of the five staff recruitment files seen contained references which were not robust and had not been verified. The registered manager undertook to ensure references were more carefully checked for candidates in the future. There was no impact on people's safety because care staff were closely supervised and rarely worked alone.

People were safely cared for by exceptionally high numbers of staff. There were a minimum of eleven care staff (included registered nurses) on duty from 8am until 2pm, five staff from 2pm until 8pm and five waking night staff. On the day of the inspection there were 14 care staff (including registered nurses) from 8am – 2 pm and 7 staff from 2pm – 8 pm. Care staff were supported by the registered manager, the general manager,

the deputy manager and a large number of support staff which included housekeeping and administrative posts. The service had a total of 97 care and support staff. The registered and general managers assessed the needs of people, on a daily basis and were able to provide additional staff as required. Staff told us there were always high numbers of staff on duty to enable them to meet people's physical, emotional, spiritual and well-being needs. The service had their own bank staff to cover staffing shortfalls. A staff member told us, "There are always more than enough staff on duty, we are never under any pressure." People told us there were always enough staff on duty, one person said, "There are masses of staff."

Is the service effective?

Our findings

People told us their health needs were well met. One person said, "The GP visits every week and we can see her if we want; recently she came in to see me specially". Relatives told us, "When my [relative] gets a [named] infection her behaviour can be quite challenging but the staff identify and treat this quickly...". Another told us that their family member's health needs were addressed in a timely manner and, "further professional advice is sought when required." People's healthcare needs were clearly described in their care plans. They were able to access health care services and received ongoing support from external professionals. Visiting health professionals recorded their visit notes on people's daily notes. Referrals to GPs, tissue viability nurses and other specialist health professionals were made, as necessary. A GP visited once a week and the registered manager told us the service had an excellent working relationship with them. Professionals commented, "Matron and her staff endeavour to contact all relevant medical agencies when required and follow up issues that are not resolved quickly" and, "... (Health) needs are proactively addressed at GP visits... Staff are competent at assessing acute problems as they arise, taking time to take baseline observations and have a good degree of experience and 'common sense' in managing day to day problems."

People told us they were very well cared for. Relatives supported this view and one commented, "The Dower House maintains the highest standards, both in their professional care and in ensuring that the residents are very well looked after personally." People's well-being needs were identified and met. They were provided with adequate amounts of nutritious food of their choice and supported to drink enough fluids to keep them healthy. We saw that people had water or a soft drink to hand in their room and were encouraged to drink it. People's care plans included nutritional and eating and drinking assessments, if necessary. Weight charts were kept for those people who needed them. People received regular dental, optical and medication reviews, as they chose and/or required.

People were provided with food of exceptional quality and variety. The head cook was knowledgeable about the needs of anyone requiring special or specially prepared or presented food. They told us how they prepared pureed, high calorie, lactulose and gluten free diets. People told us, "It's amazing! (the food) The chefs are very good, they make marvellous cakes and puddings, nobody grumbles, there's not much choice but there's no need because it's all so good". Another said, "We're given the menus in advance and if there's anything we don't want they'll offer an alternative" Other comments from people included, "The food is perfection and it looks so pretty!" and "We're very well fed." People are able to choose individual dishes if they do not like or wish to eat what is on the menu. Relatives said of the food it is, "Excellent and varied."

The majority of people ate meals in the comfortable and welcoming dining area but they could eat wherever they chose. Tables were attractively presented and people could invite any number of guests to join them for meals. At lunch time alcohol was served to those who wanted it. A staff member oversaw the dining room service to ensure people enjoyed the dining experience. People conversed and interacted with fellow residents, guests and staff members, throughout the meal service. Breakfast and the evening meal were served in people's rooms and everyone spoken with preferred this to going to the dining room. People said, "I'm content to eat on my own in the evening". However, people did not feel obliged to do this as they told

us, "We can have our meals in the dining room at any time". Many people chose to eat out and people were constantly 'coming and going' throughout the day. People who needed assistance to eat generally chose to have their meals in their rooms. A person who received respite care wrote, "...you are lucky to have such an excellent cook..."

People's rights were upheld by staff who understood consent, mental capacity and Deprivation of Liberty Safeguards (DoLS). Staff had received Mental Capacity Act 2005 (MCA) training. 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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can 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 and hospitals are called the DoLS. The service had not made any DoLS applications because everyone currently resident in the home had full capacity and were therefore not deprived of their liberty. The registered manager and staff members understood and described when and why it may be necessary to make a DoLS application to the local authority. People made their own decisions and choices about their care and support which was clear in their care plans

People were supplied with any necessary equipment to ensure people's comfort and to keep them as safe and mobile as possible. For example grab rails and wheelchairs were provided, if necessary. The overall environment was furnished to an exceptionally high standard to ensure peoples' comfort. The home was kept meticulously clean and tidy whilst remaining homely and welcoming. The grounds were exceedingly well kept, providing an area of relaxation and interest that people could and did enjoy. A relative described the environment as, "elegant and comfortable." One person said, "It's more like a comfortable country hotel than a nursing home, but it's more friendly and homely."

Staff were well trained to enable them to meet people's diverse needs. Registered nurses were always on duty to support care staff with any health issues. Staff told us they received very good training opportunities which were up-dated regularly. They said they were encouraged to participate in professional training courses and could request training in specific subjects to meet people's individual needs. Additional training subjects included Parkinson's disease, strokes and palliative care. Of the 51 care staff (including registered nurses), 34 had completed a relevant health and/or social care qualification. Registered nurses completed training to up-date their skills and knowledge.

Staff were well supported by the management team to enable them to offer effective care to people. Staff told us they felt very well supported by the management team and by their colleagues. Formal, recorded one to one supervision was provided approximately every six weeks. Staff members completed an appraisal once a year. The appraisal looked at performance and assisted staff to plan their development over the coming year. The service used the care certificate framework (which is a set of 15 standards that new health and social care workers need to complete during their induction period) as their induction tool. Existing staff were also completing a care certificate as a refresher and learning tool.

Is the service caring?

Our findings

People told us that the staff were caring. One person said, "The staff are darlings, nothing is made to seem any trouble, ever". Another commented, "The staff are exceptionally caring." One person wrote, "...The kind and friendly atmosphere created by you all, together with such a lovely room and outlook on the garden has very much made it very easy to settle into my new home quickly and happily." Relatives told us, "They're brilliant and very compassionate" and another said, "The staff are very caring". Other comments from relatives included, "Above all there are kind, professional staff who take an interest in the residents and spend time with them" and "The staff, without exception, are all delightful, very caring, very professional and with a good sense of humour."

Written compliments from families included, "We wanted to thank you for all the love care and kindness you gave [name]...She was very fond of you and I know you were of her, it showed in the gentleness and compassion in everything you did for her...". People who had received respite care wrote, "From the welcome at his arrival until the day [name] left Dowerhouse, we experienced it like a warm bath, to be surrounded by you and your staff and to experience such loving and professional care from all of you..."

Staff had developed strong relationships with people. A number of staff had worked in the home for many years and knew the people who lived there very well. They had plenty of time during their work to build relationships with newer people. They were knowledgeable about people's individual personalities and were fully aware of people's needs, likes and dislikes. However, people's cultural, spiritual and social preferences were not always noted on individual plans of care. The registered manager agreed to review the current care planning system and look for others that included those components. The lack of written information did not detract from the sensitive and individualised care people received because of the relationships built between people and the staff team. People were treated with kindness by a caring and committed staff team. Staff used appropriate humour to help people to feel comfortable and relaxed. A person commented, "They're always having a laugh and a joke with you."

People's privacy and dignity was promoted and maintained by the staff team. People told us, "My privacy and dignity is always respected, they never come into my room without knocking" and "They knock on my door, always". Relatives commented, "I believe the staff are respectful of my [relative's] needs and dignity". Professionals commented, "They treat people with great care and respect" and "Staff are very attentive and respectful." Staff gave examples of how they offered people personal care privately and in a dignified way. Examples included making sure that people were put at their ease and felt comfortable with staff and closing doors and curtains. People were addressed by their surnames and titles in communal areas unless they specifically requested to be called by their first names.

People were respected they and their families and were encouraged to make their views about the home and how it was run, known on a daily basis. The registered manager spoke with people all the time as she was consistently in the home. People told us they could talk to the registered manager or other staff at any time. On the day of the inspection it was evident that people knew the registered manager well and were used to communicating with her and the management team.

People were helped to maintain as much of their independence as they were able to, for as long as possible. People were mostly independent but some people required more personal and nursing care. Staff were sensitive about people's feelings when providing additional assistance. People were free to use the community independently when they chose, including bringing their car with them if they were still able to drive safely. One person said, "I'm absolutely safe here and not restricted however, just recently I've had a chest infection and Matron said she'd prefer me not to go into the garden while I'm unwell. I was happy with that approach". A relative commented, "My [relative] wants to keep going and is given as much independence as she needs, she's encouraged to do things for herself".

People were treated with kindness and compassion at the end of their lives. The service used an end of life form (called a terminally ill form) which was put in place at the appropriate time. People chose whether they wanted to have 'do not attempt cardio-pulmonary resuscitation' forms (DNACPR) in place. These had been appropriately completed and signed by the individual and the GP. Relatives commented, "...I was so touched by the tender loving care that surrounded her (in her last days)." "I knew that my [relative] was in excellent hands and being looked after by people who were much better able to deal with her end of life needs. ... I know that she was well cared for right up to the very end." Another relative wrote, "...your care of her in her final days was fantastic. Each and every one person who came into her room, no matter what service they were coming to provide, was pleasant and cheerful and especially at the end. (They) had a gentle empathy and compassion that comforted all of us each time. We left knowing she was in such good hands."

Is the service responsive?

Our findings

The service was exceptionally responsive to people's needs and wishes due, in part, to the high numbers of staff available. People told us, "The response to my call bell is good". "There are masses of staff here, I rang for a cup of tea at 5am and it came quickly" and "I call, they come! I've no grumbles about staff numbers". A professional commented, "There is a low turnover of staff which I feel makes a massive difference to the quality of care and the personalisation of care that the team can provide." Relatives told us, "...there is considerable attention paid to detail...", "The attention to detail is high" and "very friendly and thoughtful, with plenty of individual attention and consideration." All the rooms were personalised and one person said, "I love having my things around me".

People's needs were fully assessed before they moved in to the service. This assured the individual and the staff that they could meet the person's needs. Assessments were developed into care plans which included people's preferred routines and any special needs. People signed to confirm they were involved and agreed with the care to be provided.

The service sought external help to respond to people's changing needs, as necessary. Changes to people's care recommended by external health care professionals were recorded on daily notes. The service had good working relationships with other professionals. A professional commented, "When I have raised issues with staff, they have been addressed promptly. An example of this would be a resident who was not [self-medicating adequately] and needed to be encouraged to allow the staff to [support them]. The staff took this on board and with the knowledge of my support have been able to work with the resident to accept increased personal care." A relative told us, "Her needs changed and she came to depend more and more on the skilled nursing and personal care aspects of the Dower House which were also outstanding."

People's diverse and changing needs were met because care plans were regularly reviewed and kept up-to-date. Care plans were reviewed on a monthly basis and whenever people's needs changed. People and their relatives or representatives were involved in planning and reviewing their care if they wanted to be and as was appropriate. However, the care planning system the service used did not include detail of people's history, previous interests and hobbies and/or aspirations and wishes. The registered manager agreed to review the current care planning system and look for others that included those components. The lack of written information did not impact on the person centred care people received. Staff described what they understood by person centred care and how they applied it. They talked about looking at the person as a whole and meeting all their individual needs, including emotional, social and physical. A professional commented, "they seem to treat everyone as an individual and try and meet their needs."

Staff told us they had developed strong relationships with families and always kept them informed of any significant changes to people's well-being. Staff and people told us relatives and friends joined could them for meals and were always made welcome when visiting the home. We saw a number of visitors in and out of the home on the day of the inspection, several stayed to lunch. People said, "Visiting is unrestricted, my grandson loves coming to lunch on Sundays" and "my visitors are made welcome at any time".

People were provided with a varied programme of activities to ensure they were stimulated and encouraged to enjoy life. People told us they enjoyed the activities. For example one person said about the keep fit that happened on the morning of the inspection visit, "I enjoy the exercises as well as the accompanying music". Another resident said, "I enjoy reading and there's a good library of books here. There are also nice up-to-date magazines downstairs such as Country Life".

People felt their needs and interests were met and apart from going out into the garden, some referred to the bus outings to Stonehenge, Marks & Spencer and Winchester Cathedral. Two residents would have liked more outings. One said, "We don't seem to have had many recently, I believe the problem is that several of us need wheelchairs and there isn't always enough room for them". The registered manager told us the service hired a minibus to enable people with wheelchairs to participate in outings and community activities. The service held a three monthly activities and entertainments meeting with people to discuss how people enjoyed past activities and entertainments and to plan future ones. A number of people followed their own lifestyle choices and continued to participate in individual activities and social events/groups.

People were not aware of the formal complaints procedure but said they didn't have any complaints. They told us the names of different staff with whom they would raise any concerns. One person said, "The office door is always open." The service had received no complaints and ten compliments in 2016. A compliment received from someone who had been provided with respite care noted, "...The staff were superb, they could not do enough for you. It was engaging to see that they thoroughly enjoyed looking after you, (which made you) relaxed and comfortable. It was great."

Is the service well-led?

Our findings

People, staff and relatives told us the home was well-led. People said, "It's well managed here. I don't think we could be better looked after." "You never hear staff grumbling" and "The matron is terrific and the deputy matron too." One person told us they thought the owner ran the home well. A relative told us, "It's brilliantly run." Another said, "It is also notable that the staff work well together as a team at all levels, and take pride and pleasure in their work." A further comment was, "My [relative] had told me that it was a wonderful place to live, with outstanding, friendly and efficient staff at all levels." Professionals said, "It is the best home I have ever worked with" and "The Dower House is, in my opinion, an excellent nursing home. Providing excellent, personalised care to some very vulnerable individuals." The home had a waiting list of people who wished to live there.

The registered manager (Matron) had been in post since for 14 years and had the support of a general manager, administrative staff and qualified senior clinical staff. Staff told us it was a, "lovely", "amazing" and "excellent" place to work. They said all the senior staff were, "approachable" and the registered manager had an, "open door policy." They said they were provided with the latest equipment and 'tools' to do their job well. They talked about superb organisation and support. One person said, "Even though we have a number of senior and qualified staff there is no hierarchy, we work as a team and nurses and managers work on the floor with us." One staff member reflected the views of others when they told us, "It is a joy to work here, it is definitely well run and you are encouraged and supported to reach your potential." Additionally, staff told us the management team were flexible and family friendly.

The management team and provider listened to the views of people staff and others and their views were taken into account. The registered manager interacted with people on a daily basis. People and staff described the service as having a, "Great family atmosphere where everyone is respected and everyone is valued and their views and ideas are listened to." Some staff had worked in the service for well over ten years but new staff confirmed their views of the culture and atmosphere of the home.

Staff were given the opportunity to discuss and share their views at six monthly staff meetings, one to one supervisions and daily handover meetings. They felt they were always well-informed and were totally confident to air their views or ask for support and help whenever they chose. The service held some meetings for the people who live there but generally gained their views from a variety of questionnaires and daily contact. People said they felt they could put forward their ideas and concerns, which were listened to.

The quality of care people received was carefully monitored by the provider, registered manager and general manager. The provider spends several days in the home every month. She meets with people who live in the home and with staff from all departments such as care, kitchen and maintenance. Any issues arising from these meetings are discussed with the registered and general manager. Questionnaires relating to all aspects of the care people received were sent to people and/or their families every three months. Questionnaires to professionals and other visitors to the home were sent every year. Each department of the service completed a weekly report which was discussed as necessary. Additionally regular audits were conducted, these included infection control, falls, medicine administration and accidents and incidents. The

provider and registered manager ensured the ethos and values of the home were upheld by all staff. This was evident on the day of the inspection visit and from comments received from relatives and professional after the visit.

Records, relating to people who lived in the service, were of good quality. However, some information relating to people as individuals such as life history, interests and wishes and preferences were not detailed. People's records were accurate and up-to-date and daily notes were written to a good standard. However, daily notes related mainly to people's physical needs and well-being rather than being person centred and 'holistic'. The registered manager undertook to review daily notes along with the care planning system. People's records gave staff enough information to enable them to meet people's needs safely and did not detract from the exceptionally high standard of care offered. Records relating to other aspects of the running of the service were well-kept and up-to-date. The Care Quality Commission received notifications as required.